HULL LOSS REPORT

Complete at once and return to USAIG

Or FAX to:

Insured				_ Polic	y No				
Address									
Telephone		Cellular				Email			
AIRCRAFT:									
FAA REGISTRATION NO.	MANUFACTUR	ER MODEL	SERIAL NO.	YEAR	TIME	ENGINE N	MAKE	TIN	/IE (L&R)
	 								
PILOT: Name		Age	Address						
PILOT CERTIFICATE		PILOT RATINGS		Α	ERONAU	ITICAL EXPE	RIENCE	(Hou	rs)
FAA Certificate No.		Airplane	Single Engin	•	ilot Time i		Last 90 D	ays	Total
	line Transport	Rotocraft	Multi-Engine		lake and N	Model Pilot Time			
	ght Instructor hter-Than-Air	Glider Instrument	Land		ight Pilot				
Commercial Lig		Type Rating			otal Pilot				
Medical Certificate I		ate Issued		Cert	ificate Lim	nitations:			
TYPE OF OPERATION:									
VFR: Day	Night	7	Privat	te:			Comme	rcial:	
IFR: Day	Night	Pleasu			iness 🗌	Scheduled			harter 🗌
Local X-Country		Instruc	ction Dual 🗌	Solo) <u> </u>	Instruction	Dual [S	olo 🗌
Others (Describe)									
WEATHER CONDITIONS	 3:								
Ceiling	Visibility		Wind Direction	n		Wind Ve	elocity		
Clear Cloudy	Rain 🗌	Snow	Sleet	Hail		Fog: Li	ght 🔲 I	Heavy	,
DATE AND LOCATION (OF ACCIDENT:								
Date	Time		City				State		
Exact Location of Accider	nt						-		
Description of Damage									

Insured	Policy No.					
Estimated cost to repair: Aircraft Where may aircraft be inspected	Engine					
STATEMENT: (describe accident in detail - Use reverse side	de if additional space is needed)					
FRAUD WARNING (Required by Applicable State Regulation or Other Law)						
insurance or statement of claim containing any material fals	ew York, and Pennsylvania: ny insurance company or other person, files an application for se information or conceals for the purposes of misleading, information nsurance act, which is a crime and subjects the person to criminal and					

Notice to Colorado Residents:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of Insurance within the department of regulatory agencies.

Notice to New York Residents:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Residents:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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Signature	

ON SEPARATE PAPER sketch diagram outlining terrain and course of aircraft prior to and at time of accident.

