

# HULL LOSS REPORT

Complete at once and return to USAIG

Or FAX to:

Insured \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_ Email \_\_\_\_\_

**AIRCRAFT:**

FAA REGISTRATION NO.	MANUFACTURER	MODEL	SERIAL NO.	YEAR	TIME	ENGINE MAKE	TIME (L&R)

**PILOT:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

PILOT CERTIFICATE	PILOT RATINGS	AERONAUTICAL EXPERIENCE (Hours)	
FAA Certificate No. _____ <input type="checkbox"/> Student <input type="checkbox"/> Airline Transport <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> Lighter-Than-Air	<input type="checkbox"/> Airplane <input type="checkbox"/> Single Engine <input type="checkbox"/> Rotocraft <input type="checkbox"/> Multi-Engine <input type="checkbox"/> Glider <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Instrument Type Rating _____	Pilot Time in This Make and Model Instrument Pilot Time Night Pilot Time Total Pilot Time	Last 90 Days _____ _____ _____ _____
		Total	_____

Medical Certificate I  II  III  Date Issued \_\_\_\_\_ Certificate Limitations: \_\_\_\_\_

**TYPE OF OPERATION:**

VFR: Day  Night  Private: Pleasure  Business  Commercial: Charter   
 IFR: Day  Night  Instruction Dual  Solo  Scheduled  Instruction Dual  Solo   
 Local X-Country

Others (Describe) \_\_\_\_\_

**WEATHER CONDITIONS:**

Ceiling \_\_\_\_\_ Visibility \_\_\_\_\_ Wind Direction \_\_\_\_\_ Wind Velocity \_\_\_\_\_  
 Clear  Cloudy  Rain  Snow  Sleet  Hail  Fog: Light  Heavy

**DATE AND LOCATION OF ACCIDENT:**

Date \_\_\_\_\_ Time \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Exact Location of Accident \_\_\_\_\_

Description of Damage \_\_\_\_\_

Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Estimated cost to repair: Aircraft \_\_\_\_\_ Engine \_\_\_\_\_  
Where may aircraft be inspected \_\_\_\_\_

**STATEMENT:** (describe accident in detail - Use reverse side if additional space is needed)

**FRAUD WARNING (Required by Applicable State Regulation or Other Law)**

**Notice to Residents of all states except Colorado, New York, and Pennsylvania:**

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 material 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 and denial of insurance benefits.

**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.

Signature \_\_\_\_\_

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