

# HULL LOSS REPORT

Complete at once and return to USAIG (select office at <https://www.usau.com/contact/>)

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

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

**AIRCRAFT:**

REG. #	MANUFACTURER	MODEL	SERIAL NO.	YEAR	TIME	ENGINE MAKE	TIME (L&R)

**PILOT:**

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

PILOT CERTIFICATE	PILOT RATINGS	AERONAUTICAL EXPERIENCE (Hours)		
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 Type Rating _____	<input type="checkbox"/> Airplane <input type="checkbox"/> Single Engine <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Multi-Engine <input type="checkbox"/> Glider <input type="checkbox"/> Land <input type="checkbox"/> Instrument <input type="checkbox"/> Sea	Pilot Time in This Make and Model	Last 90 Days	Total
		Instrument Pilot Time		
		Night Pilot Time		
		Total Pilot Time		

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

**TYPE OF OPERATION:**

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

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 California, 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 California Residents:**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.**