

**The James A Gardner Company, Inc.**

P.O. BOX 680905

MARIETTA, GA 30068

678-278-2100 • FAX 678-398-7038

admin@jagardner.com

INITIAL CLAIM REPORT

|  |  |  |
| --- | --- | --- |
| 1. | Insured: |       |
|  |  |  |  |  |
| 2. | Was anyone injured?  |       | Name: |       |
|  |  |  |  |  |
|  |  | Address: |       |
|  |  |  |       |
|  |  |  |  |
| 3. | What happened? |       |
|  |       |
|  |       |
|  |  |
| 4. | What was the purpose of the flight?  |       |
|  |  |
| 5. | Date of Loss: |       | Time: |       |
|  |  |  |  |  |
| 6. | Location: Airport: |       | Other: |       |
|  |  |  |  |  |
| 7. | Aircraft Involved: N# |       | Make & Model |       |
|  |  |  |  |  |
| 8. | Were any other aircraft involved? |       | N# |       | Make & Model |       |
|  |  |  |  |  |  |  |
| 9. | Was any property damaged? |       | What? |       |
|  |  |  |  |  |
| 10. | Who was the pilot? |       |
|  | Ratings: |       | TT |       | RG |       | ME |       | MM |       | Other |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. | What parts of your aircraft were damaged? |       |
|  |       |
|  |  |
| 12. | Do you have an estimate of the damages? |       | Insured Aircraft $ |       |
|  | Other aircraft or property damage $ |       |
|  |  |  |
| 13. | Who should the adjuster contact? |       |
|  | Phone Number: |       |
|  |  |  |
| 14. | Reported to The James A Gardner Company, Inc. by: |       |
|  | Report taken by: |       | Date: |       | Time: |       |
|  |  |  |  |  |  |  |
| 15. | Reported to: |       | at |       | Insurance Company |

**Company use only--Cross check prior to reporting claim to Insurance Company**

|  |  |  |
| --- | --- | --- |
| 1. | Insured: |       |
| 2. | Policy Number: |       | Policy Period: |       | to |       |
| 3. | Aircraft N# |       | Make & Model: |       |
| 4. | Insured Value $ |       | Deductibles: |       |
| 5. | Liability Limits: |       |
| 6. | Pilot Requirements: | Ratings |       |
|  | TT |       | RG |       | ME |       | MM |       | Other |       |