

**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 | | |  |