

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 _____