



AOPA INSURANCE AGENCY

OFFICE 421 AVIATION WAY, FREDERICK, MD 21701
MAIL PO BOX 578, FREDERICK, MD 21705
P 800-622 AOPA (2672)
aopainsurance.org

FIRST REPORT of LOSS

Person Reporting _____	Policyholder _____
Date Reported _____	Address _____
Preferred Tel# _____	City,State,Zip _____
Date of Loss _____	Primary Contact _____
Time of Loss _____	Preferred Tel# _____
Location of Loss _____	Insurer _____
Type of Report <input type="checkbox"/> Claim Filing	Policy No. _____
<input type="checkbox"/> Notice Only	Policy Period _____
Loss Reported to <input type="checkbox"/> FAA <input type="checkbox"/> NTSB <input type="checkbox"/> Police	AOPA Member No _____

Aircraft Information

Pilot Information

Coverage Information

Reg. No. _____	PIC _____	Insured Hull Value _____
Year _____	Injuries _____	Hull Deductible _____
Make _____	_____	Liability Limit _____
Model _____	SIC _____	Lienholder _____
Seats _____	Injuries _____	Premium Financed <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Leaseback Owner _____

Description of Incident/Accident

Total Persons Onboard _____
Weather Conditions _____
Phase of Flight _____
Aircraft Inspection _____
 Location _____
 Contact Name _____
 Tel# _____

Description of Loss

Description of Damage to your Aircraft

Description of Damage to Other Aircraft or Property

Claimants

Name	Address	Tel#	Description of Injuries
_____	_____	_____	_____
_____	_____	_____	_____

Witnesses

Name	Address	Tel#
_____	_____	_____
_____	_____	_____

Other Remarks
