

OLD REPUBLIC INSURANCE COMPANY



FIRST REPORT OF LOSS

Today's Date: _____

Producer Name: _____

Producer Phone: _____

Reported By

Name: _____

Phone: _____ Fax: _____

eMail: _____

Named Insured

Policy No: _____

Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

eMail: _____

Aircraft

FAA No: _____ Make/Model: _____

Location of Aircraft

Airport: _____

City: _____ State: _____

Person to Contact

Name: _____

Work Phone: _____ Fax: _____

Cell Phone: _____ eMail: _____

Loss Info

Date of Loss: _____ Time of Loss: _____

Location of Loss: _____

Briefly describe the incident:

Empty rectangular box for describing the incident.

Briefly describe the aircraft damage:

Empty rectangular box for describing the aircraft damage.

Pilot(s) Name, Certificate #, Work & Cell Phone:

Where there any passengers? Yes No

What were there names and contact info?

Were there any injuries to passengers, pilots, or people on the ground? Yes No

State who was injured, their contact info, and briefly describe the injury:

Was there damage to the property other than the aircraft? Yes No

Property Owner

Name: _____

Phone: _____ Fax: _____

eMail: _____

Describe property and extent of damage:

Was either the FAA or the NTSB notified? Yes No

Investigator

Name: _____

Work Phone: _____ Cell Phone: _____

Additional Comments:

Signature Field

Date: