



LOSS REPORT FORM

Agency: _____ Submitted by: _____ Date: _____

Policy Number: _____ Effective Dates: _____ to _____

Insured: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact person: _____ Phone: _____ Email: _____

.....
Aircraft N# _____ Year: _____ M/M _____

Agreed value: _____ Deductibles: NIM _____ IM _____

Date of loss: _____ Time of loss: _____ Location: _____

Current location of aircraft: _____

Pilot name: _____ Phone: _____ Email: _____

Synopsis: _____

Injuries: _____

Property damage: _____

Acceleration Aviation Underwriters, Inc.
P. O. Box 262329, Plano, TX 75026
Phone: 214.556.6848