

First Report of Loss



Wheels up.

1.800.826.4442
fax 316.942.1260
www.pimi.com

FAX, EMAIL TO INFO@PIMI.COM OR COMPLETE THIS FORM ONLINE AT WWW.PIMI.COM.

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Insured

OWNER'S NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
POLICY NUMBER: _____ POLICY TERM: _____

Policy Coverage

HULL VALUE: _____
Deductible
NOT IN MOTION: _____ LIABILITY LIMITS: _____
IN MOTION: _____

Contact Information

CONTACT NAME: _____
OFFICE PHONE: _____ FAX: _____ HOME PHONE: _____
INSURANCE COMPANY: _____ DATE OF REPORT: _____
PERSON MAKING CLAIM: _____
ADJUSTER TO CONTACT: _____ PHONE: _____

Loss Information

DATE OF LOSS: _____ TIME: _____
LOCATION OF LOSS: _____
AIRCRAFT'S CURRENT LOCATION: _____
INSURED AIRCRAFT INVOLVED: _____
REGISTRATION #: _____
THIRD PARTY AIRCRAFT INVOLVED: _____
REGISTRATION #: _____
PILOT'S NAME: _____ PHONE: _____

Type of Loss

HULL
 BODILY INJURY
 PROPERTY DAMAGE
OTHER: _____

LIST CLAIMANTS/PASSENGERS/PERSONS INVOLVED AND EXTENT OF ANY PHYSICAL INJURIES:

1. _____ 2. _____
3. _____ 4. _____

DETAILS OF LOSS: _____

DAMAGE SUMMARY & ANY LOSS ESTIMATE: _____

To submit additional information or pictures please attach a separate sheet.

For Office Use Only

DATE REPORTED TO CARRIER: _____ VIA FAX OR PHONE BY: _____
ADJUSTER ASSIGNED BY CARRIER: _____
CLAIM #: _____



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