



REPORT A CLAIM

Call (800) 874 9124 or Complete and Return Page 1 of Form

1) YOUR INFORMATION:

Name: _____ Policy Number: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: ____/____/____ HP#: _____ WP#: _____ CP#: _____
 E-Mail Address: _____ Pilot Cert. #: _____ Date Issued: ____/____/____
 License: Student Private Commercial ATP CFI CFII CFIME
 Ratings: Airplane SEL MEL Sea Instructional Helicopter/Rotorcraft
 Medical Certificate Date: ____/____/____ Class: _____ Limitations: _____
 BFR Date: ____/____/____ Flight Experience: TT _____ M&M _____ Last 90 Days _____

2) AIRCRAFT INFORMATION: N#: _____ Year: _____ Make: _____ Model: _____

Date Last Annual: ____/____/____ 100 Hr. Inspection: ____/____/____
 Name and Address Registered Owner: _____

 Current Location of Aircraft: _____

3) ACCIDENT/LOSS INFORMATION: Date: ____/____/____ Time: _____ Location: _____

If at an airport, name of airport: _____
 Type of Loss: In Flight Loss Ground Loss
 Aircraft use if **In flight:** Pleasure/Personal Business Instructional Commercial
 Describe events and circumstances that led to the accident or loss, and the nature of the accident or loss.

(use back if necessary)

4) OCCUPANTS/INJURIES INFORMATION: List names and addresses of aircraft occupants and check appropriate boxes at right. (use back if necessary)

	Name	Address	Occupant		List Injuries Sustained
			Crew	Pass	
1)					
2)					
3)					

5) PROPERTY DAMAGE AND NON-OCCUPANT INFORMATION: Describe any damage to property other than to your aircraft, or injury to non-occupants of your aircraft. Please provide the name, address and phone number of the owners of the damaged property and non-occupants, if known. _____

(use back if necessary)

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature Date

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any false or misleading information or any fact material thereto, commits a fraudulent insurance act, which is a crime. See page 2 for other state specific fraud warnings.

CLAIM FRAUD WARNING STATEMENTS:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in section 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Material misstatements, misrepresentations, omissions or concealments by an insured that are fraudulent or material to the insurance contract, the risk assumed, or the interests of an insurer and are relied upon by an insurer may result in policy rescission, cancellation, or denial of a claim.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Vermont: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a criminal offense and subject to penalties under state law.