

TO:

LOSS REPORT

***Required information**

Insured: * _____ **Todays Date:** ___/___/___
Address: * _____ **Agency:** Rocky Aviation LLC
Contact: * _____ **Phone:** (800)667-6045 **Fax:** (785)222-4133
***Cell Phone #:** _____ **Other:** _____ **Agent:** _____
Fax/E-Mail: _____ **Policy #:** _____
Policy Period: _____ to _____
Type of Policy: [] Aircraft [] AGL

***Date of Loss:** ___/___/___ ***Location of Loss/Aircraft:** _____

***Aircraft:** N#: _____ **Year:** _____ **Make/Model:** _____
Lienholder: _____
***Pilot(s):** _____ ***Phone Number:** _____

COVERAGES

LIMITS

FOR AIRCRAFT COVERAGES:

COMBINED SINGLE LIMIT LIABILITY \$ _____ Each Occurrence
 \$ _____ Each Passenger
 MEDICAL PAYMENTS \$ _____ Each Passenger
 HULL COVERAGE \$ _____
 DEDUCTIBLES: \$ _____ not in motion, \$ _____ in motion

FOR AIRPORT COVERAGES:

AIRPORT GENERAL LIABILITY LIMIT: \$ _____ Each Occurrence
 PRODUCTS LIABILITY LIMIT: \$ _____ Each Occurrence
 HANGARKEEPERS LAIBILTY LIMIT: \$ _____ Each Aircraft
 DEDUCTIBLE: \$ _____ Each Occurrence

***Description of Loss:**

Third Party Bodily Injury or Property Damage:

Estimate of Damage:
