

## ACORD 5 (2016/10) - Aircraft Loss Notice

ACORD 5, Aircraft Loss Notice, is used to report losses involving an aircraft.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date (MM/DD/YYYY)	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The phone number of the individual at the producer's establishment that is the primary contact. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No. (A/C, No)	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The e-mail address of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Loss Date	Enter date: The date that the loss occurred.
IDENTIFICATION SECTION	Loss Time	Enter time: The approximate time that the loss occurred.
IDENTIFICATION SECTION	AM	Check the box (if applicable): Indicates the loss occurred in the morning.
IDENTIFICATION SECTION	PM	Check the box (if applicable): Indicates the loss occurred in the afternoon or evening.

<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Policy Type - Aircraft - Industrial Aid</b>	Check the box (if applicable): Indicates the type of policy is aircraft - industrial aid.
<b>IDENTIFICATION SECTION</b>	<b>Policy Type - Aircraft - Pleasure &amp; Business</b>	Check the box (if applicable): Indicates the type of policy is aircraft - pleasure and business.
<b>IDENTIFICATION SECTION</b>	<b>Policy Type - Aircraft - Non-Owned</b>	Check the box (if applicable): Indicates the type of policy is aircraft - non-owned.
<b>IDENTIFICATION SECTION</b>	<b>Policy Type - Aircraft - Commercial</b>	Check the box (if applicable): Indicates the type of policy is aircraft - commercial.
<b>IDENTIFICATION SECTION</b>	<b>Policy Type - Other</b>	Check the box (if applicable): Indicates the type of policy / perils insured is other than those listed.
<b>IDENTIFICATION SECTION</b>	<b>Policy Type Other Description</b>	Enter text: The description of the type of policy issued to the insured.
<b>IDENTIFICATION SECTION</b>	<b>Carrier Claim Number</b>	Enter identifier: The identifier assigned to the claim by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Agency Claim Number</b>	Enter identifier: The identifier assigned to the claim by the agency / producer.
<b>IDENTIFICATION SECTION</b>	<b>Attachments - Witness Schedule</b>	Check the box (if applicable): Indicates a witness schedule is attached to the loss notice / claim.
<b>IDENTIFICATION SECTION</b>	<b>Attachments - Injured Schedule</b>	Check the box (if applicable): Indicates an injured schedule is attached to the loss notice / claim.
<b>INSURED</b>	<b>Name of Insured</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>INSURED</b>	<b>FEIN</b>	Enter identifier: The tax identifier of the named insured.
<b>INSURED</b>	<b>Ownership %</b>	Enter percentage: The percentage of ownership the named insured has in the item.
<b>INSURED</b>	<b>Primary Phone</b>	Enter number: The named insured's primary phone number.
<b>INSURED</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>INSURED</b>	<b>Bus</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.

<b>INSURED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>INSURED</b>	<b>Secondary Phone</b>	Enter number: The named insured's secondary phone number.
<b>INSURED</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
<b>INSURED</b>	<b>Bus</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>INSURED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
<b>INSURED</b>	<b>Insured's Mailing Address</b>	Enter text: The named insured's mailing address line one.
<b>INSURED</b>		Enter text: The named insured's mailing address line two.
<b>INSURED</b>		Enter text: The named insured's mailing address city name.
<b>INSURED</b>		Enter code: The named insured's mailing address state or province code.
<b>INSURED</b>		Enter code: The named insured's mailing address postal code.
<b>INSURED</b>	<b>Primary E-Mail Address</b>	Enter text: The named insured's primary e-mail address.
<b>INSURED</b>	<b>Secondary E-Mail Address</b>	Enter text: The named insured's secondary e-mail address.
<b>CONTACT</b>	<b>Contact Insured</b>	Check the box (if applicable): Indicates If the individual to contact is the same as the insured, check this box and leave blank the areas for contact name, address and phone numbers.
<b>CONTACT</b>	<b>Name of Contact</b>	Enter text: The full name (First, Middle, Last) of the individual to be contacted as a representative of the insured on all subsequent business relating to this incident. No entry is needed if the 'Contact Insured' option is checked.
<b>CONTACT</b>	<b>Primary Phone</b>	Enter number: The loss contact's primary telephone number including area code.
<b>CONTACT</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>CONTACT</b>	<b>Bus</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
<b>CONTACT</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>CONTACT</b>	<b>Secondary Phone</b>	Enter number: The loss contact's secondary telephone number including area code.
<b>CONTACT</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
<b>CONTACT</b>	<b>Bus</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>CONTACT</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
<b>CONTACT</b>	<b>When to Contact</b>	Enter text: The best time of the day to contact this individual (e.g., evenings, days, noon to 3:00 P.M.).
<b>CONTACT</b>	<b>Contact's Mailing Address</b>	Enter text: The loss contact's first address line.

CONTACT		Enter text: The loss contact's second address line.
CONTACT		Enter text: The loss contact's city.
CONTACT		Enter code: The loss contact's state.
CONTACT		Enter code: The loss contact's postal code.
CONTACT	<b>Primary E-Mail Address</b>	Enter text: The loss contact's primary e-mail address.
CONTACT	<b>Secondary E-Mail Address</b>	Enter text: The loss contact's secondary e-mail address.
LOSS	<b>Airport ID</b>	Enter identifier: The Federal Aviation Administration's designator for the airport where the loss occurred (e.g. ORD - O'Hare International Airport).
LOSS	<b>Name</b>	Enter text: The name of the location. As used here, this is the name of the airport.
LOSS	<b>Street</b>	Enter text: The loss location's physical street address.
LOSS	<b>City</b>	Enter text: The loss location's city.
LOSS	<b>County</b>	Enter text: The loss location's county name.
LOSS	<b>State / Province</b>	Enter code: The loss location's state or province code.
LOSS	<b>Postal Code</b>	Enter code: The loss location's postal code.
LOSS	<b>Country</b>	Enter code: The loss location's country code.
LOSS	<b>Location Description</b>	Enter text: The description of the location of loss if not at a specific street address.
LOSS	<b>Police or Fire Department Contacted</b>	Enter text: The name of the municipal, county or other police department, fire department or other authority to which the accident was reported, including any precinct or station number, if available.
LOSS	<b>Report Number</b>	Enter identifier: The report number assigned by the authority contacted. For example, the number of the vehicle incident report filed by the police after an automobile accident.
LOSS	<b>Description of Accident (Attach ACORD 101, Additional Remarks Schedule if more space is required)</b>	Enter text: The description of the incident resulting in a potential loss to the insured.
INSURED AIRCRAFT	<b>Aircraft #</b>	Enter identifier: The producer assigned aircraft number.
INSURED AIRCRAFT	<b>Registration Number</b>	Enter identifier: The registration number of the aircraft (a.k.a. tail number).
INSURED AIRCRAFT	<b>Base Airport ID</b>	Enter code: The Federal Aviation Administration's designator for the airport where this aircraft is based (e.g. ORD - O'Hare International Airport).
INSURED AIRCRAFT	<b>Year</b>	Enter year: The year of the aircraft.

<b>INSURED AIRCRAFT</b>	<b>Make</b>	Enter text: The manufacturer of the aircraft.
<b>INSURED AIRCRAFT</b>	<b>Model</b>	Enter text: The model of the aircraft.
<b>INSURED AIRCRAFT</b>	<b>Serial #</b>	Enter identifier: The serial number of the aircraft.
<b>INSURED AIRCRAFT</b>	<b>Aircraft Type</b>	Enter code: The type of aircraft. Valid codes are: 1 - Glider 2 - Balloon 3 - Blimp-Dirigible 4 - Fixed Wing Single Engine 5 - Fixed Wing Multi Engine 6 - Rotorcraft 7 - Weight Shift Control 8 - Powered Parachute 9 - Gyroplane OT - Other
<b>INSURED AIRCRAFT</b>	<b>Aircraft Use</b>	Enter code: The primary use of the aircraft (i.e. AA - Air Ambulance, BT - Banner Towing, CH - Charter, CO - Cargo Only, FC - Full Commercial, IA - Industrial Aid, PB - Pleasure and Business, etc.).
<b>INSURED AIRCRAFT</b>	<b>Check if same as insured.</b>	Check the box (if applicable): Indicates if the owner of the insured vehicle or aircraft is the same as the named insured.
<b>INSURED AIRCRAFT</b>	<b>Owner's Name &amp; Address</b>	Enter text: The full name of the individual or business that is the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>		Enter text: The first address line of the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>		Enter text: The city of the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>		Enter code: The state or province code of the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>		Enter code: The postal code of the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>	<b>Primary Phone</b>	Enter number: The primary phone number for the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number for the owner is a home phone.
<b>INSURED AIRCRAFT</b>	<b>Business</b>	Check the box (if applicable): Indicates the primary phone number for the owner is a business phone.
<b>INSURED AIRCRAFT</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number for the owner is a cell phone.
<b>INSURED AIRCRAFT</b>	<b>Secondary Phone</b>	Enter number: The secondary phone number for the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number for the owner is a home phone.

<b>INSURED AIRCRAFT</b>	<b>Business</b>	Check the box (if applicable): Indicates the secondary phone number for the owner is a business phone.
<b>INSURED AIRCRAFT</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number for the owner is a cell phone.
<b>INSURED AIRCRAFT</b>	<b>Primary E-Mail Address</b>	Enter text: The primary e-mail address of the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>	<b>Secondary E-Mail Address</b>	Enter text: The secondary e-mail address of the owner of the vehicle or property.
<b>INSURED AIRCRAFT</b>	<b>Check if same as owner.</b>	Check the box (if applicable): Indicates if the pilot of the insured aircraft is the same as the owner.
<b>INSURED AIRCRAFT</b>	<b>Pilot's Name &amp; Address</b>	Enter text: The full name of the pilot.
<b>INSURED AIRCRAFT</b>		Enter text: The pilot's mailing address line one.
<b>INSURED AIRCRAFT</b>		Enter text: The pilot's mailing address city name.
<b>INSURED AIRCRAFT</b>		Enter code: The pilot's mailing address state or province code.
<b>INSURED AIRCRAFT</b>		Enter code: The pilot's mailing address postal code.
<b>INSURED AIRCRAFT</b>	<b>Primary Phone</b>	Enter number: The pilot's primary phone number.
<b>INSURED AIRCRAFT</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>INSURED AIRCRAFT</b>	<b>Business</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
<b>INSURED AIRCRAFT</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>INSURED AIRCRAFT</b>	<b>Secondary Phone</b>	Enter number: The pilot's secondary phone number.
<b>INSURED AIRCRAFT</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
<b>INSURED AIRCRAFT</b>	<b>Business</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>INSURED AIRCRAFT</b>	<b>Cell</b>	Check the box (if applicable): Indicates the phone number is for a cell phone.
<b>INSURED AIRCRAFT</b>	<b>Primary E-Mail Address</b>	Enter text: The pilot's primary e-mail address.
<b>INSURED AIRCRAFT</b>	<b>Secondary E-Mail Address</b>	Enter text: The pilot's secondary e-mail address.
<b>INSURED AIRCRAFT</b>	<b>Describe Damage</b>	Enter text: Describe any damage to the vehicle, aircraft or property (e.g., right front fender crushed).
<b>INSURED AIRCRAFT</b>	<b>Estimate Amount</b>	Enter amount: An estimate for the cost of repairing the vehicle, aircraft or property.
<b>INSURED AIRCRAFT</b>	<b>Where can aircraft be seen?</b>	Enter text: The location where the adjuster can inspect the vehicle, aircraft or property. If other than at the insured's address, include the address.
<b>INSURED AIRCRAFT</b>	<b>When can aircraft be seen?</b>	Enter text: The time period the vehicle, aircraft or property is available for inspection.

<b>INSURED AIRCRAFT</b>	<b>Other Insurance on Aircraft - Carrier</b>	Enter text: The insurer name on any other applicable insurance.
<b>INSURED AIRCRAFT</b>	<b>Other Insurance on Aircraft - Policy Number</b>	Enter identifier: The policy number of any other applicable insurance.

**Form Page 2**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Non-Aircraft ?</b>	Check the box (if applicable): Indicates the damage is not to an aircraft.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Aircraft #</b>	Enter identifier: The producer assigned aircraft number.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Registration Number</b>	Enter identifier: The registration number of the aircraft (a.k.a. tail number).
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Base Airport ID</b>	Enter code: The Federal Aviation Administration's designator for the airport where this aircraft is based (e.g. ORD - O'Hare International Airport).
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Year</b>	Enter year: The year of the aircraft.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Make</b>	Enter text: The manufacturer of the aircraft.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Model</b>	Enter text: The model of the aircraft.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Serial #</b>	Enter identifier: The serial number of the aircraft.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Aircraft Type</b>	Enter code: The type of aircraft. Valid codes are: 1 - Glider 2 - Balloon 3 - Blimp-Dirigible 4 - Fixed Wing Single Engine 5 - Fixed Wing Multi Engine 6 - Rotorcraft 7 - Weight Shift Control 8 - Powered Parachute 9 - Gyroplane OT - Other

<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Aircraft Use</b>	Enter code: The primary use of the aircraft (i.e. AA - Air Ambulance, BT - Banner Towing, CH - Charter, CO - Cargo Only, FC - Full Commercial, IA - Industrial Aid, PB - Pleasure and Business, etc.).
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Describe Property</b>	Enter text: A brief description of the type of property damaged, such as home or fence.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Insured?</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the damaged property, vehicle or aircraft is insured or not.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Company or Agency Name</b>	Enter text: The insurer name on any other applicable insurance.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>NAIC Code</b>	Enter code: The NAIC code of the insurance company that issued the policy.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Policy #</b>	Enter identifier: The policy number of any other applicable insurance.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Owner's Name &amp; Address</b>	Enter text: The full name of the individual or business that is the owner of the vehicle or property. As used here, this is the owner of the other aircraft or property that was damaged.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter text: The first address line of the owner of the vehicle or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter text: The city of the owner of the vehicle or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter code: The state or province code of the owner of the vehicle or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter code: The postal code of the owner of the vehicle or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Primary Phone</b>	Enter number: The primary phone number for the owner of the vehicle or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number for the owner is a home phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Business</b>	Check the box (if applicable): Indicates the primary phone number for the owner is a business phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number for the owner is a cell phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Secondary Phone</b>	Enter number: The secondary phone number for the owner of the vehicle or property.



<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number for the owner is a home phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Business</b>	Check the box (if applicable): Indicates the secondary phone number for the owner is a business phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the secondary phone number for the owner is a cell phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Primary E-Mail Address</b>	Enter text: The primary e-mail address of the owner of the vehicle or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Secondary E-Mail Address</b>	Enter text: The secondary e-mail address of the owner of the vehicle or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Check if same as owner.</b>	Check the box (if applicable): Indicates if the pilot of the insured aircraft is the same as the owner.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Pilot's Name &amp; Address</b>	Enter text: The full name of the pilot. As used here, this is the pilot of the other aircraft.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter text: The pilot's mailing address line one.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter text: The pilot's mailing address city name.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter code: The pilot's mailing address state or province code.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>		Enter code: The pilot's mailing address postal code.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Primary Phone</b>	Enter number: The pilot's primary phone number.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Home</b>	Check the box (if applicable): Indicates the primary phone number is for a home phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Business</b>	Check the box (if applicable): Indicates the primary phone number is for a business phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Secondary Phone</b>	Enter number: The pilot's secondary phone number.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Home</b>	Check the box (if applicable): Indicates the secondary phone number is for a home phone.

<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Business</b>	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Cell</b>	Check the box (if applicable): Indicates the phone number is for a cell phone.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Primary E-Mail Address</b>	Enter text: The pilot's primary e-mail address.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Secondary E-Mail Address</b>	Enter text: The pilot's secondary e-mail address.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Describe Damage</b>	Enter text: Describe any damage to the vehicle, aircraft or property (e.g., right front fender crushed).
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Estimate Amount</b>	Enter amount: An estimate for the cost of repairing the vehicle, aircraft or property.
<b>OTHER AIRCRAFT / PROPERTY DAMAGED</b>	<b>Where can aircraft be seen?</b>	Enter text: The location where the adjuster can inspect the vehicle, aircraft or property. If other than at the insured's address, include the address.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>#</b>	Enter number: The producer assigned number for the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter text: The first address line of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter text: The second address line of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter text: The city of the injured party.

INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter code: The state or province of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter code: The postal code of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.

<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Extent of Injury</b>	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>#</b>	Enter number: The producer assigned number for the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter text: The first address line of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter text: The second address line of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter text: The city of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter code: The state or province of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>		Enter code: The postal code of the injured party.

<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Extent of Injury</b>	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).

INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	#	Enter number: The producer assigned number for the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter text: The first address line of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter text: The second address line of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter text: The city of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter code: The state or province of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter code: The postal code of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.

<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Extent of Injury</b>	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	#	Enter number: The producer assigned number for the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.

INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter text: The first address line of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter text: The second address line of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter text: The city of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter code: The state or province of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)		Enter code: The postal code of the injured party.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.



<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.
<b>INJURED (Attach ACORD 7, Aviation Injured Schedule, for additional injured parties)</b>	<b>Extent of Injury</b>	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	#	Enter number: The producer assigned number for the witness.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The first address line of a person that was a witness to the incident.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The second address line of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The city of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The state or province code of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The postal code of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Home Phone</b>	Enter number: The primary phone number of a person that was a witness to the incident. As used here, this is the home phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the witness. As used here, this is the business phone number.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Cell Phone</b>	Enter number: The third phone number of the witness. As used here, this is the cell phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the witness was in the insured's aircraft at the time of the incident or accident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the witness was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates the witness was in a location other than those listed. As used here, if "other", enter the location in Other Location Details.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Location Details</b>	Enter text: A description of the location of the witness if the witness was not in the insured's vehicle or aircraft or other involved vehicle or aircraft at the time of the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>#</b>	Enter number: The producer assigned number for the witness.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The first address line of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The second address line of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The city of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The state or province code of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The postal code of a person that was a witness to the incident.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Home Phone</b>	Enter number: The primary phone number of a person that was a witness to the incident. As used here, this is the home phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the witness. As used here, this is the business phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Cell Phone</b>	Enter number: The third phone number of the witness. As used here, this is the cell phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the witness was in the insured's aircraft at the time of the incident or accident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the witness was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates the witness was in a location other than those listed. As used here, if "other", enter the location in Other Location Details.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Location Details</b>	Enter text: A description of the location of the witness if the witness was not in the insured's vehicle or aircraft or other involved vehicle or aircraft at the time of the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>#</b>	Enter number: The producer assigned number for the witness.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The first address line of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The second address line of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The city of a person that was a witness to the incident.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The state or province code of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The postal code of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Home Phone</b>	Enter number: The primary phone number of a person that was a witness to the incident. As used here, this is the home phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the witness. As used here, this is the business phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Cell Phone</b>	Enter number: The third phone number of the witness. As used here, this is the cell phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the witness was in the insured's aircraft at the time of the incident or accident.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the witness was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates the witness was in a location other than those listed. As used here, if "other", enter the location in Other Location Details.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Location Details</b>	Enter text: A description of the location of the witness if the witness was not in the insured's vehicle or aircraft or other involved vehicle or aircraft at the time of the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>#</b>	Enter number: The producer assigned number for the witness.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The first address line of a person that was a witness to the incident.



<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The second address line of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter text: The city of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The state or province code of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>		Enter code: The postal code of a person that was a witness to the incident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Home Phone</b>	Enter number: The primary phone number of a person that was a witness to the incident. As used here, this is the home phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the witness. As used here, this is the business phone number.

<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Cell Phone</b>	Enter number: The third phone number of the witness. As used here, this is the cell phone number.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the witness was in the insured's aircraft at the time of the incident or accident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the witness was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates the witness was in a location other than those listed. As used here, if "other", enter the location in Other Location Details.
<b>WITNESSES OR PASSENGERS (Attach ACORD 6, Aviation Witness / Passenger Schedule, for additional witnesses or passengers)</b>	<b>Other Location Details</b>	Enter text: A description of the location of the witness if the witness was not in the insured's vehicle or aircraft or other involved vehicle or aircraft at the time of the incident.
<b>REMARKS</b>	<b>Remarks</b>	Enter text: The aircraft loss notice general remarks. Describe any other additional information that will assist in properly reporting and settling this claim. Include the adjuster's name if known. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
<b>REMARKS</b>	<b>Reported By</b>	Enter text: The name of the individual that reported the loss.
<b>REMARKS</b>	<b>Reported To</b>	Enter text: The name of the individual within the agency or company to whom this loss was reported.

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).

**Form Page 4**

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).