AIRCRAFT HULL LOSS REPORT

Please fill out and return promptly to Northwest Insurance Group, Inc., 3301 NE Cornell Road, Suite R, Hillsboro, OR 97124
Phone: 800-693-7053 Fax: 503-640-6202

Insured _____ Policy No. _____
Address _____ Telephone _____

AIRCRAFT:

FAA LICENSE NO.	MANUFACTURER	MODEL	SERIAL NO.	YEAR	TIME	ENGINE MAKE	TIME (L&R)

PILOT:

Name _____ Age _____ Address _____

PILOT CERTIFICATE

FAA Certificate No. _____
☐ Student ☐ Airline Transport
☐ Private ☐ Flight Instructor
☐ Commercial ☐ Lighter-Than-Air

PILOT RATINGS

☐ Airplane ☐ Single Engine
☐ Rotorcraft ☐ Multi-Engine
☐ Glider ☐ Land ☐ Sea
☐ Instrument
Type Rating _____

AERONAUTICAL EXPERIENCE *(Hours)*

	Last 90 Days	Total
Pilot Time in This Make and Model		
Instrument Pilot Time		
Night Pilot Time		
Total Pilot Time		

Medical Certif. – Class ☐ I ☐ II ☐ III | Date Issued | Certif. Limitations:

TYPE OF OPERATION:

VFR: Day ☐ Night ☐ Private: Commercial:
IFR: Day ☐ Night ☐ Pleasure ☐ Business ☐ Scheduled ☐ Charter ☐
Local ☐ X-Country ☐ Instruction Dual ☐ Solo ☐ Instruction Dual ☐ Solo ☐

Others (Describe) _____

WEATHER CONDITIONS:

Ceiling _____ Visibility _____ Wind Direction _____ Wind Velocity _____
Clear ☐ Cloudy ☐ Rain ☐ Snow ☐ Sleet ☐ Hail ☐ Fog: Light ☐ Heavy ☐

DATE AND LOCATION OF ACCIDENT:

Date _____ Hour _____ City _____ State _____
Exact Location of Accident _____

Description of Damage _____

Estimated cost to repair: Aircraft _____ Engine _____
Where may aircraft be inspected _____

STATEMENT: (describe accident in detail – Use reverse side if additional space is needed)

Signature _____

ON REVERSE SIDE sketch diagram outlining Terrain and Course of Aircraft Prior To and at time of accident