



Northeast Aviation & Marine Notification of Loss

Insured Information

Named Insured:	Policy Number:
Address:	
Contact Number:	

Loss Information

Pilot at Time of Loss:	Certificate Number/Ratings:
Aircraft N#:	Aircraft Type:
Date of Loss:	Time of Loss:
<input type="checkbox"/> VFR <input type="checkbox"/> IFR	Weather Conditions:
Location of Loss:	
Aircraft Currently Located:	
Name Any Passengers Onboard:	

Details of Loss:

Injured Persons

Injured Persons: <input type="checkbox"/> Passenger <input type="checkbox"/> Public	
Name:	Phone Number:
Medical Aid Rendered: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES," By Whom:
Nature and Extent of Injury:	

Property Damage

Name of Property Owner:	Phone Number:
Address:	
Value of Property Damage:	Est. to Repair or Replace:
Description of Property:	
Nature and Extent of Damage:	

Name and Phone Number of All Witnesses:

Northeast Aviation & Marine

Home Office
160 Lafayette Street • Schenectady, New York 12305

Insurance Brokers

Brookhaven Airport
139 Dawn Drive, Suite 1 • Shirley, New York 11967

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