

... ABOUT YOUR CLAIM ...

It is our wish to handle your claim as promptly and courteously as possible. In order to assist in this goal, we have put together this information sheet to answer some of the questions we are routinely asked concerning the claim process. Your policy is the sole determination of coverage and the Company's obligations in the event of a loss. Nothing in this document changes your policy in any manner.

Engine Inspections Due to Prop Strike, FOD, etc.:

If it becomes necessary to disassemble your engine because of a propeller strike or foreign object damage (turbine engines), we routinely reimburse the cost to remove, inspect, and reinstall the engine based upon a competitive pricing standard at an approved regional engine repair facility. An owner may elect to have the engine inspected at any facility, however, reimbursement is limited to the competitive pricing standard for inspection and shipping costs. Any engine components damaged as a direct result of sudden stoppage or FOD will be reimbursed. On occasion, however, parts may be discovered that are not serviceable for reasons of wear and tear, or causes unrelated to the accident. The policy does not provide reimbursement for the cost of repairing or replacing such parts. Likewise, the cost to comply with any unrelated Airworthiness Directives or Service Bulletins when an engine is disassembled is also the owner's responsibility.

Depreciation of Propellers and Time Life Components:

In many cases when propellers or other limited life components are damaged, they are returned in a "zero-time", new, or overhauled condition. A pro-ration is applied based on the costs you would incur as part of your normal aircraft operating expense. For example, let's say your propeller is at 50% of TBO at the time it was damaged and the cost of an overhaul at TBO is \$800. If you get a new or overhauled propeller due to the accident, the pro-ration would be \$400 since you now have a prop with 50% more life.

Estimates and Repair Invoices:

Generally we require a repair shop to provide a detailed estimate of repair before work is commenced. It may be necessary to obtain more than one estimate to properly evaluate the damage. You may have any shop submit a repair estimate or we can provide a recommendation on an appropriate repair facility. We will pay based on the most reasonable and competitive costs to repair a damaged aircraft.

When final repair invoices are available, your repair facility needs to exclude any work from the invoice which is unrelated to the claim repairs. Please send itemized originals or copies that are readable to avoid unnecessary delays. These invoices must detail all parts and labor performed in the course of the repair. The repair shop should apprise us immediately in the event that unknown or hidden damage is discovered during the repair or for any other situation which may change the initial repair estimate.

You may wish to provide the shop with a copy of this information sheet. Otherwise, please include insured's name and the claim file number on any correspondence.

Payment of Your Claim:

Please complete and return the Hull Loss Report and Aircraft Data forms promptly to expedite the handling of your claim. We must have a Proof of Loss form properly executed in our file before we can make payments on major losses. We will supply this form to you upon receipt of the repair invoices. Payment drafts will include the names of all insureds and loss payees listed in your policy. If your aircraft has a lienholder, or if the premium on your policy has been financed, the lienholder and/or premium finance company are included as payees unless they agree to provide us with a written waiver agreeing that they may be deleted from the payment draft. Please contact your agent if naming these parties will create difficulties for you.

In Conclusion:

It is our sincere desire and wish to do all reasonably possible to handle your claim courteously, professionally, and promptly. We appreciate your suggestions on any improvements we can make. If you have any questions, please contact us at 213/236-1770

HULL LOSS REPORT

Complete at once and return to U.S. Aviation Underwriters, Inc., 550 South Hope Street, Ste 710, Los Angeles, CA 90071

Insured _____ Policy No. _____
Address _____ Tele. No. _____

AIRCRAFT:

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

PILOT:

Full Name _____ DOB _____
Address _____

PILOT CERTIFICATE	PILOT RATINGS	AERONAUTICAL EXPERIENCE (Hours)		
FAA CERTIFICATE NO. _____ <input type="checkbox"/> Student <input type="checkbox"/> Airline Transport <input type="checkbox"/> Private <input type="checkbox"/> Flight Instructor <input type="checkbox"/> Commercial <input type="checkbox"/> Lighter-Than-Air	<input type="checkbox"/> Airplane <input type="checkbox"/> Single Engine <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Multi-Engine <input type="checkbox"/> Glider <input type="checkbox"/> Land <input type="checkbox"/> Sea <input type="checkbox"/> Instrument Type Rating: _____	Pilot Time in This Make and Model	Last 90 Days	Total
Medical Certif. —Class <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Date Issued: _____	Instrument Pilot Time		
		Night Pilot Time		
		Total Pilot Time		

TYPE OF OPERATION:

VFR: Day Night
IFR: Day Night
Local X-Country
Other (Describe) _____

Private: Pleasure Business
Instruction Dual Solo

Commercial: Scheduled Charter
Instruction Dual Solo

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 Plane Prior To and at time of accident

AIRCRAFT DATA SHEET

AIRCRAFT

Make & Model : _____
Registration Number : _____
Serial Number : _____
Total Time Airframe : _____

ENGINE(S)

Make & Model : _____
Serial Number : _____ (Left) _____ (Right)
Total time Since New : _____ (Left) _____ (Right)
Total Time SMOH : _____ (Left) _____ (Right)
Total Time SHSI : _____ (Left) _____ (Right)
(if applicable)

PROP(S)

Make : _____
Hub Model Number : _____ (Left) _____ (Right)
Total Time Since New : _____ (Left) _____ (Right)
Date of Installation : _____ (Left) _____ (Right)
Date of Overhaul : _____ (Left) _____ (Right)
Total Time Since Overhaul : _____ (Left) _____ (Right)

GENERAL

Last Annual Inspection : _____ @ _____
Last 100 Hr. Inspection : _____ @ _____
Manufacturer's Progressive Maintenance Program (if applicable)
Event # _____ of _____ @ _____ (tach time) _____ (total time)