

**AVIATION CRIME PREVENTION INSTITUTE, INC.**  
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Ormond Beach, FL 32173 USA  
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**HAIL DAMAGE REPORT**

Date of Report: \_\_\_\_\_

Insurance Company Name / Branch: \_\_\_\_\_

Adjuster Name, Phone Number & Email: \_\_\_\_\_

IA Name, Phone Number, & Email: \_\_\_\_\_

Insurer Claim No: \_\_\_\_\_ IA Claim No: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Airport of Loss: \_\_\_\_\_

In-flight? \_\_\_\_\_ State(s): \_\_\_\_\_

**Aircraft:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

**Detailed Damage Description (include photos if possible):**

**Settlement:** When claim is settled, complete information below and return form to ACPI

**Description of repairs and amount paid:** \_\_\_\_\_

**If cash settlement, amount paid:** \_\_\_\_\_  
**Was it a total loss?** \_\_\_\_\_

**If sold, name of purchaser:** \_\_\_\_\_

**If duplicate report – was previous hail damage repaired?** \_\_\_\_\_

**Amount of claim savings resulting from duplicate information** \_\_\_\_\_