

HSI CLAIM FORM

HSI Claim No. _____
(Hqtrs CAP LG use only)

1. Wing/Region: _____; Date Claim Submitted: _____

2. Aircraft Type: _____; Aircraft N Number: _____ Accident Date: _____

3. The following are attached (enter remarks for items not attached):

	Yes	No	Remarks
a. Copy of CAP Form 78	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Photographs of damage	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Two written repair estimates	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. The pilot carries nonowner hull insurance, Yes No ; Insurance will cover the accident, Yes No .

If yes to both questions in paragraph 4:

specify company name, _____

local agent's name and phone number, _____

local agent's address, _____

5. I certify that the damage reported in this HSI claim occurred while the aircraft was on an official CAP activity.

Wing CC or Designated Representative Signature

Printed Name

Duty Title

Date of Signature