

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>TITLE</b> <b>ACORD 7 (2009/05)</b>	<b>Aviation Injured Schedule</b>	The title of the form. ACORD 7, Aviation Injured Schedule, is used when additional space is required to list injured parties when reporting an aviation loss.
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Page #</b>	Enter number: The page number applicable to this page.
<b>IDENTIFICATION SECTION</b>	<b>of Total Pages</b>	Enter number: The total number of pages applicable to this form (e.g., Page 1 of 4). If only one page, indicate Page 1 of 1.
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Named Insured</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Policy Number</b>	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
<b>IDENTIFICATION SECTION</b>	<b>Effective Date</b>	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
<b>IDENTIFICATION SECTION</b>	<b>Carrier</b>	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the NAIC.
<b>INJURED</b>	<b>#</b>	Enter number: The producer assigned number for the injured party.
<b>INJURED</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.
<b>INJURED</b>		Enter text: The first address line of the injured party.
<b>INJURED</b>		Enter text: The second address line of the injured party.
<b>INJURED</b>		Enter text: The city of the injured party.
<b>INJURED</b>		Enter code: The state or province of the injured party.
<b>INJURED</b>		Enter code: The postal code of the injured party.
<b>INJURED</b>	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
<b>INJURED</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
<b>INJURED</b>	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.

Section Name	Field Name	Field and/or Section Description
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.
INJURED	<b>Extent of Injury</b>	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	<b>#</b>	Enter number: The producer assigned number for the injured party.
INJURED	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.

Section Name	Field Name	Field and/or Section Description
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.

Section Name	Field Name	Field and/or Section Description
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.

Section Name	Field Name	Field and/or Section Description
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.

Section Name	Field Name	Field and/or Section Description
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.



<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>INJURED</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
<b>INJURED</b>	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
<b>INJURED</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
<b>INJURED</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>INJURED</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
<b>INJURED</b>	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.
<b>INJURED</b>	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.
<b>INJURED</b>	<b>Extent of Injury</b>	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
<b>INJURED</b>	<b>#</b>	Enter number: The producer assigned number for the injured party.
<b>INJURED</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.
<b>INJURED</b>		Enter text: The first address line of the injured party.
<b>INJURED</b>		Enter text: The second address line of the injured party.
<b>INJURED</b>		Enter text: The city of the injured party.
<b>INJURED</b>		Enter code: The state or province of the injured party.
<b>INJURED</b>		Enter code: The postal code of the injured party.
<b>INJURED</b>	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
<b>INJURED</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
<b>INJURED</b>	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
<b>INJURED</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
<b>INJURED</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>INJURED</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
<b>INJURED</b>	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.
<b>INJURED</b>	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.

Section Name	Field Name	Field and/or Section Description
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.

Section Name	Field Name	Field and/or Section Description
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Home Phone	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
INJURED	Business Phone	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
INJURED	Cell Phone	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
INJURED	Insured Aircraft	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
INJURED	Other Aircraft	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
INJURED	Other Checkbox	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
INJURED	Other Description	Enter text: The location of the injured party at the time of the incident or accident.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	#	Enter number: The producer assigned number for the injured party.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>INJURED</b>	<b>Name &amp; Address</b>	Enter text: The name of a person that was injured in the incident or accident.
<b>INJURED</b>		Enter text: The first address line of the injured party.
<b>INJURED</b>		Enter text: The second address line of the injured party.
<b>INJURED</b>		Enter text: The city of the injured party.
<b>INJURED</b>		Enter code: The state or province of the injured party.
<b>INJURED</b>		Enter code: The postal code of the injured party.
<b>INJURED</b>	<b>Home Phone</b>	Enter number: The primary phone number of the injured party. As used here, this is the home phone number.
<b>INJURED</b>	<b>Business Phone</b>	Enter number: The secondary phone number of the injured party. As used here, this is the business phone number.
<b>INJURED</b>	<b>Cell Phone</b>	Enter number: The third phone number of the injured party. As used here, this is the cell phone number.
<b>INJURED</b>	<b>Insured Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in the insured's aircraft.
<b>INJURED</b>	<b>Other Aircraft</b>	Check the box (if applicable): Indicates if the injured party was in an aircraft other than the insured's aircraft at the time of the incident or accident.
<b>INJURED</b>	<b>Other Checkbox</b>	Check the box (if applicable): Indicates if the injured party was in a location other than those listed.
<b>INJURED</b>	<b>Other Description</b>	Enter text: The location of the injured party at the time of the incident or accident.
<b>INJURED</b>	<b>Age</b>	Enter number: The age, at the time of the incident, of the injured party.
<b>INJURED</b>	<b>Extent of Injury</b>	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).