

In addition to the information contained on the insurance application, the following information is required when liability coverage is requested for unmanned aircraft systems (UAS)/ drones.

The information requested in this document is specifically designed to assist you with gathering information so that you may obtain a quote. The information gathered with this document is not intended to supplement or replace the insurance application. While completion of this document is not required, if you elect to use it, a copy should be kept in your file for the account.

Proposed First Named Insured & Other Named Insured(s):

Mailing Address	Street	City	County	State	ZIP Code
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INSURED INFORMATION

1. Insured is: Owner/Operator Rents with an Operator Yes No
 If rents with an operator, verify proper contractual liability risk transfer is in place.

2. Does the insured have a FAA approved **commercial** UAS application? Yes No
 FAA Application Number: _____

3. Does the person(s) operating the drone have a FAA approved remote pilot certificate? Yes No
 Certification number(s): _____ Name of pilot: _____

4. Does the insured have any regulatory waiver or exemption requests? Yes No
 Explain reason and approval requirements: _____

GENERAL OPERATIONS

1. Describe unmanned aircraft:

Make	Model	FAA Registration #	Weight	Max Speed

2.
 - a. Describe the purpose/use: _____
 - b. Location: (Urban, Residential, Rural, Remote, Over Public or Private Property, Over Buildings, Communication Towers, etc.) _____

 - c. Frequency of Use: _____
 - d. Average Duration of Flight: _____
 - e. Time of Day: _____
 - f. Project (if applicable): _____

3. Highest altitude of use: <200 ft. 200-350 ft. <400 ft. Over 400 ft.
 If over 400, provide maximum altitude and purpose: _____

	Yes	No
4. Is visual line of sight of UAS maintained at all times during flight, with a visual observer?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are 100% of flights documented?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the UAS have an on-board camera or other equipment (ex. sensors)? If yes, describe permanently affixed or integrated equipment and value: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the UAS have the ability to carry cargo? If yes, describe cargo that is carried: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the UAS launched or operated from a moving aircraft or vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
9. If work is being performed for others, is written consent obtained from adjacent property owners? <i>Ensure Contractual Risk Transfers are in place, including indemnification and additional insured status. Ensure limits of insurance, at least equal to policy are in place.</i>	<input type="checkbox"/>	<input type="checkbox"/>

10. Are written emergency protocols and operational manuals in place and adhered to, including maintenance of fleet, regular inspections, proper storage of drone, pilot training, safety standards, and storage of audio/visual recording and written log of drone use? Yes No

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
