

# **Unmanned Aircraft System (UAS) Insurance Application**

Name of Applicant:					
Street Address:					
City:			State:	Zip:	
Telephone Number:		Corporate Website:			
Email Address:					
Applicant is:	Partnership	Corporation	LLC	Other	
Please explain if Other	2.				
Business of the Applic	eant:				
How long has Applica:	nt been in business?				
Quotation for UAS Lia	ability Insurance is reques	ted for an annual period begi	nning:		
Your present Unmann	ned Aircraft Liability Insur	ance Company is:			
Policy Expiration:	•				
with the FAA (or Civil A Do you plan to operate Will you operate your U Describe or attach a co Has Applicant signed a	Aviation Authority)? your UAS under 14 CFR I JAS under a Certificate of py of your Certificate of W ny agreements whereby A	Part 107 or a valid exemption Waiver (COW)? Vaiver (COW), if applicable. pplicant has indemnified any copies of these agreements.	?	Yes Yes Yes	No No No
Loss History and (					
Explain Each "Yes" Ans	_				
	UAS claims or losses? (H			Yes	No
-	operate manned aircraft?	renew any UAS Insurance?		Yes Yes	No No
* *	*	rcraft insurance company:		165	NO
Policy Expiration:	mame of your present An	company.			
-	t <b>General Liability</b> insu	rer:			
Policy Expiration:	•				

#### **Limits of Coverage**

Indicate the coverages desired:

Coverage	Limits of Coverage	
Liability Coverage for bodily injury and property damage	\$	Each Occurrence
Medical Payments	\$	Each Accident
Unmanned Aircraft Physical Damage Coverage	Not In Flight Deductible	Please indicate limit
	\$	of Coverage desired in
	In Flight Deductible	the UAS schedule below.
	\$	

#### **Unmanned Aircraft System Information**

			<b>Insured Value</b>	Maximum		Powerplant	
		Serial/FAA	(Unmanned	Weight		Piston /	Estimated
	Year, Make	Registration	Aircraft /	Including		Electric /	Annual
	Model	Number	Control Unit)	Payload	Endurance	Turbine / Other	Hours
			\$				
1.			\$				
			\$				
2.			\$				
			\$				
3.			\$				
			\$				
4.			\$				
			\$				
5.			\$				
			\$				
6.			\$				
			\$				
7.			\$				

Explain Each "Yes" Answer on Page 3.			
Geographic areas aircraft usually operated within:			
International operations?	Yes	No	
Any use of non-owned unmanned aircraft?	Yes	No	

### **Additional Equipment**

	Cameras / Other Payloads	Serial Number	Value
1.			\$
2.			\$
3.			\$
4.			\$

	Spare Parts	Serial Number	Value
1.			\$
2.			\$

# Mission / Purpose of Use

	Unmanned Aircraft	Mission Description (in detail)
1.		
2.		
3.		
4.		

#### Pilots / Operators (Please include UAS Pilot / Operator Record for each)

	Name	Remote Pilot Certificate #	Position (Mission Commander / PIC)
1.			
2.			
3.			
4.			

Do all pilots complete annual training?	Yes	No
If "Yes," please describe:		

## **Procedures** Explain Each "Yes" Answer Below. Do you utilize a 3<sup>rd</sup> party system for tracking Pilots/Operators/Aircraft/Airspace/Regulations? Yes No Describe operating environment/airspace Are visual observers used in your UAS operations? Yes No Are there operations Beyond Visual Line of Sight? Yes No Are there any operations at night? Yes No Are operations 100% autonomous? Yes No Operations over population center or large groups? Yes No Are there indoor operations? Yes No Are there operations offshore/over large bodies of water or to/from ships? Yes No If "Yes," please provide percentage of operation that is over water. Are there operations from other hazardous areas? Yes No What are the maximum mission altitudes? What are the minimum mission altitudes? (Excluding landing.) Do your operations include any application of chemicals? Yes No Are any of the UAS's optionally manned? Yes No Do you have a formal written Standard Operating Procedure? Yes No Who makes the final go or no-go decision? Use this space for explaining "Yes" answers to previous questions.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a felony to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a felony to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an INTENTIONAL MISSTATEMENT that is MATERIAL TO THE RISK MAY BE found guilty of insurance fraud by a court of law. In order for an insurer to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on the part of the insured, the insurer must show that the misinformation is material to the content of the contract, that the insurer relied upon the misinformation *and* that the information was either material to the risk assumed by the insurer *or* that the misinformation was provided fraudulently.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a felony 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.

NOTICE TO VIRGINIA APPLICANTS: It is a felony 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.

NOTICE TO WASHINGTON APPLICANTS: It is a felony 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for a payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and confinement in prison.

I/We authorize the follo	owing agent/broker to represent me/u	s in the placing of this insura	nce:
Name of Broker:			
Street Address:			
City:		State:	Zip:
Agency License Numbe	r in State of Policyholder's Address:		
Individual Producer Na	me:		
Individual Producer Lie	ense Number in State of Policyholder	's Address:	
that no relevant inform States Aviation Underwunderstood, however, Incorporated, the full a	information provided in this application has been withheld. I/We under titers, Incorporated (Managers of the that if insurance is ordered from mount of premium becomes due and ated to investigate all or any qualification.	erstand that no insurance is a USAIG) effects a binder of it and accepted by United payable immediately. I/We a	in force unless and until United nsurance or issues a policy. It is States Aviation Underwriters, authorize United States Aviation
Date:	Signature of Applica	nt:	

