Unmanned Aircraft System (UAS) Insurance Application

USAIG
UNITED STATES AIRCRAFT INSURANCE GROUP

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Corporate Website: _____

Email Address: _____

Applicant is: ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Please explain if Other: _____

Business of the Applicant: _____

How long has Applicant been in business? _____

Quotation for UAS Liability Insurance is requested for an annual period beginning: _____

Your present Unmanned Aircraft Liability Insurance Company is: _____

Policy Expiration: _____

Is your Unmanned Aircraft currently registered or in the process of being registered with the FAA (or Civil Aviation Authority)? ☐ Yes ☐ No

Do you plan to operate your UAS under 14 CFR Part 107 or a valid 333 exemption? ☐ Yes ☐ No

Will you operate your UAS under a Certificate of Waiver (COW)? ☐ Yes ☐ No

Describe or attach a copy of your Certificate of Waiver (COW), if applicable. _____

Has Applicant signed any agreements whereby Applicant has indemnified any suppliers or customers? If "Yes," please provide copies of these agreements. ☐ Yes ☐ No

Loss History and Other Insurance

Explain Each "Yes" Answer on Page 3.

Has Applicant had any UAS claims or losses? (Hull or Liability) ☐ Yes ☐ No

Has any insurer cancelled, declined or refused to renew any UAS Insurance? ☐ Yes ☐ No

Does Applicant own or operate manned aircraft? ☐ Yes ☐ No

If "Yes," please provide name of your present **Aircraft** insurance company: _____

Policy Expiration: _____

Name of last or present **General Liability** insurer: _____

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 $ In Flight Deductible $	Please indicate limit of Coverage desired in the UAS schedule below.

Unmanned Aircraft System Information

	Year, Make Model	Serial/FAA Registration Number	Insured Value (Unmanned Aircraft / Control Unit)	Maximum Weight Including Payload	Endurance	Powerplant Piston / Electric / Turbine / Other	Estimated Annual 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.			

Procedures

Explain Each "Yes" Answer Below.

Do you utilize a 3rd 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
Operations over population center or large groups?	☐ Yes	☐ No
Are there operations offshore or other hazardous areas?	☐ Yes	☐ No
Are there any operations to/from ships?	☐ 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
Are there operations with multiple UAS's flying simultaneously?	☐ Yes	☐ No
Are multiple UAS's flown from the same control station?	☐ 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. Please use this additional space if necessary and include additional documentation for any answers that you feel need more explanation.

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 following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Agency License Number in State of Policyholder's Address: _____

Individual Producer Name: _____

Individual Producer License Number in State of Policyholder's Address: _____

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until United States Aviation Underwriters, Incorporated (Managers of the USAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by United States Aviation Underwriters, Incorporated, the full amount of premium becomes due and payable immediately. I/We authorize United States Aviation Underwriters, Incorporated to investigate all or any qualifications or statements contained herein.

Date: _____ Signature of Applicant: _____

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