



UNMANNED AIRCRAFT AND UNMANNED AERIAL VEHICLE (UA & UAV) SUPPLEMENTAL APPLICATION

(Complete in Addition to General Liability Application)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION	
A)	Name of Insured (Applicant)
B)	Mailing Address: _____
C)	Policy Period: From: 12:01 AM on __/__/____ To: 12: 01 AM on __/__/____

2. UNMANNED AIRCRAFT AND UNMANNED AERIAL VEHICLE INFORMATION																										
A)	What percentage of the Applicant's annual revenue is generated from the operation or use of UAs or UAVs? _____																									
B)	Has Applicant ever submitted a UA or UAV insurance claim? If yes, please provide loss runs that include a description of the claim, and the claim amount or final settlement value. <input type="checkbox"/> Yes <input type="checkbox"/> No																									
C)	Who will be operating the UA(s) and UAV(s)? <input type="checkbox"/> Applicant <input type="checkbox"/> Drone Service Provider (DSP) [If checked, skip to question G.]																									
D)	<p>UA AND UAV INFORMATION: In order to be compliant with Federal Aviation Administration (FAA) Part 107, maximum weight of UA or UAV must be below 55 lbs.</p> <table border="1"> <thead> <tr> <th></th> <th>Serial Number or ID</th> <th>UA or UAV Make/Model</th> <th>Operational Weight of UA or UAV (including any payload)</th> <th>Advanced Safety Features (e.g. Collision Avoidance, or Geo-Fencing)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td>/</td> <td></td> <td>/ / /</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td></td> <td>/ / /</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td></td> <td>/ / /</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td></td> <td>/ / /</td> </tr> </tbody> </table>		Serial Number or ID	UA or UAV Make/Model	Operational Weight of UA or UAV (including any payload)	Advanced Safety Features (e.g. Collision Avoidance, or Geo-Fencing)	1.		/		/ / /	2.		/		/ / /	3.		/		/ / /	4.		/		/ / /
	Serial Number or ID	UA or UAV Make/Model	Operational Weight of UA or UAV (including any payload)	Advanced Safety Features (e.g. Collision Avoidance, or Geo-Fencing)																						
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2.		/		/ / /																						
3.		/		/ / /																						
4.		/		/ / /																						
E)	<p>NAMED PILOTS (Include Time Operating Types of Equipment Insured):</p> <table border="1"> <thead> <tr> <th></th> <th>Pilot Name</th> <th>Remote Pilot Airman Certificate (RPAC) Number</th> <th>UAs or UAVs Flight Time (In Hours)</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Pilot(s) have completed: <input type="checkbox"/> Formal UA or UAV Pilot or Operator Training If any of the listed pilots have any prior violations, citations, claims, or incidents related to UAs or UAVs, please describe those here: _____</p>		Pilot Name	Remote Pilot Airman Certificate (RPAC) Number	UAs or UAVs Flight Time (In Hours)	1.				2.				3.				4.								
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F)	<p>AIRCRAFT USE INFORMATION:</p> <p>A. The UA or UAV will be operated in full compliance with the requirements FAA 107 including any Special Provisions authorized under a Part 107 Certificate of Waiver authorized by the FAA. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. List all Part 107 Certificates of Waiver, if any, authorized by the FAA and applicable to the Applicant:</p> <table border="1"> <thead> <tr> <th></th> <th>Certificate(s) of Waiver Number</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> </tbody> </table>		Certificate(s) of Waiver Number	1.		2.		3.																		
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C. Purpose of Operation or use of UA or UAV (Check all applicable uses):

<input type="checkbox"/> Aerial imaging/mapping	<input type="checkbox"/> Firefighting including wildfire mapping	<input type="checkbox"/> Sporting events
<input type="checkbox"/> Agriculture/ranching	<input type="checkbox"/> Freight transport	<input type="checkbox"/> Structural inspection
<input type="checkbox"/> Cargo delivery	<input type="checkbox"/> Insurance claims and risk management	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Construction	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Television news coverage
<input type="checkbox"/> Disaster management	<input type="checkbox"/> Moviemaking	<input type="checkbox"/> Thermal infrared power line surveys
<input type="checkbox"/> Education and research	<input type="checkbox"/> Oil and gas exploration	<input type="checkbox"/> Utility surveillance
<input type="checkbox"/> Environmental monitoring	<input type="checkbox"/> Security	<input type="checkbox"/> Weather monitoring
<input type="checkbox"/> Other: _____		

D. Estimate the number of flights/missions the UA or UAV to be insured is to fly in the coming 12 months:
 0-12 times annually More than 12 times annual, but not on a daily basis On a daily basis

E. This anticipated operating location for the UA or UAV to be insured is _____ (City, State).
This anticipated operated environment is best described as:

Low Density – Remote areas, not near buildings/structures owned by other or areas of public concentration
 Medium Density – Near buildings/structures owned by others, but not in congested area or areas of high public concentration.
 High Density – Near buildings/structures owned by others and/or in congested areas of high public concentration.

G) For Applicants utilizing contract pilots via a DSP:

A. Does the contract between the Applicant and the DSP hold the Applicant harmless?
 Yes No

B. Is the Applicant named or does the Applicant qualify as an Additional Insured on the DSP policy?
 Yes No

C. Does the DSP have insurance coverage that specifically covers the activities that the DSP is hired to perform?
 Yes No

D. Are the DSP policy limits of liability at least in the amount of \$1 million?
 Yes No

3. COVERAGE REQUESTED

A) Indicate Coverage Requested (select one or both):
 Coverage A – Bodily Injury And Property Damage Liability
 Coverage B – Personal And Advertising Injury Liability

B) UA or UAV Liability Aggregate Limit of Liability Requested:
 \$25,000
 \$50,000
 \$100,000
 \$1,000,000

4. NOTE TO APPLICANT – PLEASE READ CAREFULLY

By signing this application below, I agree that all statements I have made and the information I have provided in this application are complete and true to the best of my knowledge and that I have not misstated or suppressed any material facts. I understand and agree that this application will form the basis of any insurance provided by the Company and that the submission of this application to Company does not bind Company to sell the insurance requested or bind me to purchase it.

In addition, I understand that 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 crime and may be punishable by fines and confinement in prison.

Further, I understand that by signing below, I acknowledge that the insurance is issued in the expectation that I will operate in accordance with the operational requirements and limitations of Federal Aviation Administration Rule 107 (Operation And Certification Of Small Unmanned Aircraft Systems) and any Special Provisions authorized under a Part 107 Certificate of Waiver authorized by the Federal Aviation Administration.

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

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FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL

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).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: 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).

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.



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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT ALL STATEMENTS MADE AND THE INFORMATION PROVIDED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF THE AUTHORIZED'S REPRESENTATIVE KNOWLEDGE AND THAT THE AUTHORIZED'S REPRESENTATIVE HAS NOT MISSTATED OR SUPPRESSED ANY MATERIAL FACTS. IT IS UNDERSTOOD AND AGREE THAT THIS APPLICATION WILL FORM THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY AND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT BINDS THE COMPANY TO SELL THE REQUESTED INSURANCE, NOR BINDS THE APPLICANT TO PURCHASE IT. BY SIGNING BELOW, THE AUTHORIZED REPRESENTATIVE ACKNOWLEDGES THAT THE INSURANCE IS ISSUED WITH THE EXPECTATION THAT THE APPLICANT OR ITS AGENT WILL OPERATE IN ACCORDANCE WITH FEDERAL AVIATION ADMINISTRATION'S SMALL UNMANNED AIRCRAFT SYSTEMS RULE 14 C.F.R. 107 (2017) AND ANY AMENDMENTS THERETO. FURTHERMORE THE AUTHORIZED REPRESENTATIVE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email