**UNMANNED AIRCRAFT SYSTEM (UAS) APPLICATION**

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| Applicant’s Name:    Mailing Address:    Location Address: | Agency Name:  Agent No.:  Address:    E-mail:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company

Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone No.:**

**GENERAL INFORMATION**

**1.** **Applicant’s Business:**       Number of Years in Business:

**2.** **Describe what UAS(s) will be used for:**

**3.** **Description of component parts of the unmanned aircraft\*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Make and Model** | **Serial Number or ID** | **Specifications** | **Value** |
|  |  |  |  |  |
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\* Unmanned Aircraft means the flying portion of the system, either fixed-wing or rotary-wing and flown by a ground control system, or autonomously through the use of an onboard computer, communication links and any additional equipment that is necessary for the unmanned aircraft to operate safely.

**4.** **Description of the component parts of the unmanned aircraft system support equipment\*\*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Make and Model** | **Serial Number or ID** | **Specifications** | **Value** |
|  |  |  |  |  |
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\*\* Unmanned aircraft support equipment means control station, data links, telemetry, communication and navigation equipment necessary to operate the unmanned aircraft. Desktop or laptop computers and cellular phones are not considered support equipment.

**5. Inland Marine Limits of Insurance and Deductible for scheduled UAS(s):**

**a.** Per Item: $

**b.** Per Schedule: $

**c.** Deductible: $

**6. Are UAS(s) operated in accordance with applicable Federal Aviation guidelines?**  Yes  No

**7. Does applicant have a Certificate of Waiver or authorization from the Federal Aviation   
Administration?**  Yes  No

**8.** **How many UAS units does applicant own or operate?**

**9.** **How many UAS units will be operated at any one time?**

**10.** **Primary location the UAS(s) will be operated:**

**11. Will the UAS(s) ever be operated within five miles of an airport?**  Yes  No

If yes, explain:

Names of airport(s):

**12. What is the maximum altitude at which each UAS(s) will be operated?**

**13.** **Annual hours each UAS(s) will be operated:**

**14.** **Top speed of UAS(s):**

**15.** **Primary means of control:**  Line of Sight  Computer Guidance

**16. Will UAS(s) be operated outside the operator’s line of sight?**  Yes  No

If yes, explain:

**17.** **Does the UAS(s) have “auto-land” or “return to home” capability?**  Yes  No

**18. Does applicant own or operate any UAS(s) weighing more than fifty-five (55) pounds?**  Yes  No

If yes, explain:

**19. Will UAS(s) be operated within buildings?**  Yes  No

If yes, explain:

**20. Will UAS(s) be operated within one hundred (100) feet of the public?**  Yes  No

If yes, explain:

**21. Will UAS(s) be used for the application of chemicals?**  Yes  No

**22. Will UAS(s) be used to carry packages/payloads?**  Yes  No

**23.** **Name of pilots (Include experience operating this type of equipment):**

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| --- | --- |
| **Pilot Name** | **Experience Flying This Type of Equipment** |
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**24.** **Does applicant provide any type of training in the operation of a UAS?**  Yes  No

**25.** **Does applicant have any Non-Owned UAS exposure?**  Yes  No

**26.** **Will anyone other than named pilots operate the insured UAS?**  Yes  No

**27.** **Will the aircraft ever be rented or leased to a third party?**  Yes  No

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| If yes, explain: |

**ADDITIONAL INFORMATION**

**28.** **Prior Carrier Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year:** | **Year:** | **Year:** |
| **Carrier** |  |  |  |
| **Policy No.** |  |  |  |
| **Coverage** |  |  |  |
| **Occurrence or Claims Made** |  |  |  |
| **Total Premium** |  |  |  |

**29. Loss History—Three Years:**

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| --- | --- | --- | --- | --- |
| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years**  Check if no losses in the last three years. | | | | |
| **Date of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or Closed)** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |

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| **30.** **List any additional information attached with this application:** |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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|  | IMPORTANT NOTICE |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning  character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. | | |