



# Unmanned Aircraft Insurance Application

## Applicant's Information

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Corporate Website \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant is:  Partnership  Corporation  LLC  Other \_\_\_\_\_

Business of the Applicant \_\_\_\_\_

How long has Applicant been in business? \_\_\_\_\_

Quotation for Unmanned Aircraft Liability Insurance is requested for an annual period beginning \_\_\_\_\_

Your present Unmanned Aircraft Liability Insurance company is \_\_\_\_\_

Policy Expiration \_\_\_\_\_

Is there a Certificate of Authorization and Waiver (COA) from the FAA for your UAV operations? Yes  No

*Note: COA is an authorization issued for a specific UA activity by the FAA.*

Has Applicant signed any agreements whereby Applicant has indemnified any suppliers or customers? Yes  No

If yes, please provide copies of these agreements.

## Loss History and Other Insurance

Yes  No

**Explain each yes answer on page 2.**

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

Has any insurer cancelled, declined or refused to renew any UAV 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 \_\_\_\_\_

## Aircraft Information

Year, Make, Model	Serial /FAA No.	Insured Value		Maximum Payload Weight	Endurance	Powerplant Piston /Electric /Turbine /Other	Autopilot System	Estimated Annual Hours
		Aircraft	Payload					
1.		\$ _____	\$ _____					
2.		\$ _____	\$ _____					
3.		\$ _____	\$ _____					
4.		\$ _____	\$ _____					
5.		\$ _____	\$ _____					
6.		\$ _____	\$ _____					
7.		\$ _____	\$ _____					

**Aircraft Information Continued**

Yes

No

Geographic areas aircraft usually operated within \_\_\_\_\_

International operations?



If yes, please explain \_\_\_\_\_

Any use of non-owned aircraft?



If yes, please explain on next page.

**Additional Equipment**

Ground Stations/Cameras/Other payloads	Value
1.	
2.	
3.	
4.	
5.	

**Mission/Purpose of Use**

Aircraft	Mission Description (in detail)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**Pilots** (Please include UAV Pilot Record form for each)

Name	Position (Mission Commander/PIC/SIC)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**Procedures**

Yes

No

Describe operating environment/airspace \_\_\_\_\_

Operations over population center or large groups?



If yes, describe. \_\_\_\_\_

Are there operations offshore or other hazardous areas?



If yes, describe. \_\_\_\_\_

What are the maximum mission altitudes? \_\_\_\_\_

**Procedures Continued**

	Yes	No
What are the minimum mission altitudes? <i>(Excluding landing)</i> _____		
Any Application of Chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the UAV's optionally manned?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , describe. _____		
Describe data link _____		
Describe data link redundancies _____		
Describe Lost Comm procedures _____		
Describe sense and avoid capabilities _____		
What is the Datalink Max Range? _____		
Is the data-link encrypted/secure?	<input type="checkbox"/>	<input type="checkbox"/>
Describe your Datalink Deconfliction procedure _____		
Describe Ground station _____		
Describe operating team _____		
Are there operations with multiple UAV's flying simultaneously?	<input type="checkbox"/>	<input type="checkbox"/>
Are multiple UAV's flown from the same control station?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a flight termination system?	<input type="checkbox"/>	<input type="checkbox"/>
Describe: _____		
Take off procedure _____		
Landing procedure _____		
Operations from paved runway?	<input type="checkbox"/>	<input type="checkbox"/>
Operations to/from ships?	<input type="checkbox"/>	<input type="checkbox"/>
Operations to/from water?	<input type="checkbox"/>	<input type="checkbox"/>
Operations from fields?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a formal written Standard Operating Procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Who makes the final go/no go decision? _____		

**Explain Yes Answers**

**Use this space for explaining YES answers to previous questions. Please use additional space if necessary and include additional documentation for any answers that you feel need more explanation. (Note: an actual person reads this stuff.)**

## Fraud Warnings

### 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 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 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.

**Fraud Warnings Continued****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.

**Broker Information**

**I/We authorize the following agent/broker to represent me/us in the placing of this insurance:**

Broker \_\_\_\_\_

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 Great American Insurance Company effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by Great American Insurance Company, the full amount of premium becomes due and payable immediately. I/We authorize Great American Insurance Company to investigate all or any qualifications or statements contained herein.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_