

## Unmanned Aircraft Application

Providing as much information as possible on the application helps us deliver an accurate and competitive quote.

### Applicant's Information

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

Street Address 1 \_\_\_\_\_ Street Address 2 \_\_\_\_\_

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

Country \_\_\_\_\_

Telephone Number (optional) \_\_\_\_\_ Email Address \_\_\_\_\_

Applicant's Website (optional) \_\_\_\_\_

Applicant is:     Partnership     Corporation     LLC     Government Organization     Individual  
 Nonprofit Organization

### Additional Insureds

A Blanket Additional Insured Endorsement will be automatically added to the policy.  
 Additional insureds may be added at the time of binding.

### Policy Period

Policy Inception Date (Policy Duration 12 Months) \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Is insurance currently held for any unmanned aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
Current Insurance Company (optional) _____		
Policy expiration date for currently existing insurance (optional) _____		

### Coverage

**Requested Liability Limit:** Select the preferred liability limit(s) (choose up to **THREE** if you would like multiple quotes):\*

\$500K     \$1M     \$2M     \$3M     \$4M     \$5M     \$10M     Other \_\_\_\_\_

### Coverage Options

Aircraft insured against Physical Damage will need to be scheduled individually.  
 Liability coverage can be purchased as a schedule, or on a blanket basis if the fleet size is over 5. Blanket coverage will require a schedule at policy inception be submitted prior to binding and will only apply to aircraft that weigh 55lbs or less, unless specifically agreed by underwriters.  
 If Aerial Application Coverage is requested, you must schedule each aircraft. Blanket liability is not available.

Coverage type requested     Liability + Physical Damage     Liability Only

How will Liability Coverage be purchased?     Scheduled    or     Blanket

If "Scheduled" is selected, complete the table below. (For any additional Scheduled items, see Appendix 2.)

#### Aircraft Schedule

	Make	Model	Manufacturing Year	Serial / FAA Number	Insured Value of Aircraft (if seeking Physical Damage coverage)
1.					
2.					
3.					
4.					
5.					

Coverage Continued

If "Blanket" is selected,

How many operational unmanned aircraft will be included in the fleet at inception? \_\_\_\_\_

What is the maximum number of operational unmanned aircraft in the fleet during the policy period? \_\_\_\_\_

Will any aircraft weigh over 55lbs? Yes  No

Uses

Will unmanned aircraft be used for any of the following activities?

- Military     Delivery     Light Show     Aerial Application

If Yes to Aerial Application, see Appendix 1

Optional Additional Coverages (complete if coverage is requested)

**PAYLOAD** (any item attached to the aircraft that is not integral to the operation of the aircraft):

- Scheduled (Complete Schedule Below)       Blanket with Total Insured Value of \$ \_\_\_\_\_  
 "Payload items insured at inception will need to be supplied at binding."

If "Scheduled" is selected, complete the table below.

Make	Model	Serial Number	Insured Value

**SPARE PARTS** (aircraft parts not attached):

Yes  No

If Yes,

Total Insured Value of Spare Parts \_\_\_\_\_

**GROUND EQUIPMENT** (excludes aircraft, payload, spares, or any item of agricultural ground spraying equipment): (optional)

- Scheduled (Complete Schedule Below)       Blanket with Total Insured Value of \$ \_\_\_\_\_  
 "Ground Equipment items insured at inception will need to be supplied at binding."

Make	Model	Serial Number	Insured Value

**NON-OWNED PHYSICAL DAMAGE**

Insurance required for any **UNMANNED AIRCRAFT** not owned but operated for periods of less than 30 days?

If Yes, total Insured Value per occurrence \_\_\_\_\_

Insurance required for **PAYLOAD** not owned but operated for less than 30 days?

If Yes, total Insured Value per occurrence \_\_\_\_\_

Insurance required for **GROUND EQUIPMENT** not owned but operated for less than 30 days?

If Yes, total Insured Value per occurrence \_\_\_\_\_

**Other Coverages:**

	Yes	No
<b>BUSINESS INTERRUPTION COVERAGE</b> – Quote Requested? <i>Not applicable if 5 or more aircraft are scheduled.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Further Information:</b> Provides indemnity up to 25% of the aircraft value for insureds with small fleets in the event of a physical damage claim.		
<b>PERSONAL/ADVERTISING INJURY</b> <i>(Automatically included for limits of \$5,000,000 or less)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes,</b> Does the applicant intend to publish any data or images obtained from unmanned aircraft flights?	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant's Underwriting Information**

	Yes	No
Has the applicant had any unmanned aircraft claims or accidents in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Has any insurer ever cancelled or declined renewal of the applicant's Aircraft Insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Will all flights be conducted in accordance with applicable regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Will any flights be flown outside over people or indoors where people are present?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an intention to conduct operations Beyond Visual Line of Sight (BVLOS)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes,</b> For any aircraft flown Beyond Visual Line Of Sight, do all pilots have a minimum of 150 hours total flight time and 20 hours flying the make and model?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have a BVLOS Certificate of Waiver for the aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
Will any unmanned aircraft be operated outside the United States or Canada for an extended period of time?	<input type="checkbox"/>	<input type="checkbox"/>
Will operations be conducted under a valid 44807 Grant of Exemption? <span style="float: right;"><input type="checkbox"/> N/A</span>	<input type="checkbox"/>	<input type="checkbox"/>
Will all flights be operated by pilots who are appropriately licensed for the intended flight operation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If No,</b> please provide information for the underwriter review:		

**If applicant type is "Individual", answer the following:**

Has the applicant ever been convicted of a felony, or are they currently under indictment for a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant ever been cited or fined for a violation of an aviation regulation?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant ever been convicted of a DUI?	<input type="checkbox"/>	<input type="checkbox"/>
Do all applicant pilots have a minimum of 200 hours logged flight time <i>(only applicable to aircraft over 55 lbs.)</i> <span style="float: right;"><input type="checkbox"/> N/A</span>	<input type="checkbox"/>	<input type="checkbox"/>

**Terms and Conditions**

	Yes	No
Does the applicant or applicant's agent confirm that the information contained in this application is accurate and complete to the best of your knowledge?	<input type="checkbox"/>	<input type="checkbox"/>

**Underwriting Comments**

---

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 1 - Aerial Application**

**Yes** **No**

Is Aerial Application Coverage required?

**If Yes**, required Aerial Application sub limit?

- \$100,000 bodily injury, each person /\$300,000 bodily injury, per aerial application/\$100,000 property damage, per aerial application/ \$300,000 aircraft aggregate.
- \$100,000 per aerial application / aircraft aggregate.
- \$300,000 per aerial application / aircraft aggregate.
- \$500,000 per aerial application / aircraft aggregate.
- \$1,000,000 per aerial application / aircraft aggregate.

Will all scheduled drones be used for aerial application?

**If No**, List which scheduled drones will be used for aerial application. As a reminder, for this coverage, all aircraft must be scheduled. *(Please list the unique FAA / Serial Numbers.)*

How many years has your business been conducting aerial applications flight operations?\*

- Less than one year
- One or two years
- Three years or more

Aerial application flights to dispense or spray substances require a Valid Part 137 Certificate. If required, will all flights be conducted under a valid FAA Part 137 Certificate?

*Part 137 Certificate Guidance (FAA) Companies operating as contract pilots under another entity's Part 137 certificate are deemed acceptable. Such agreements should be in writing and only used temporarily while applications are made for their own certificate.*

**Agricultural Ground Spraying Equipment**

**Yes** **No**

Add Liability Coverage for Agricultural Ground Spraying Equipment?

**If Yes**, complete the table below.

**Schedule of Agricultural Ground Spraying Equipment**

Make	Model	Year	Equipment License/Serial Number

Appendix 2 (Additional Scheduled Items)

Aircraft Schedule				Insured Value of Aircraft <i>(if seeking Physical Damage coverage)</i>
Make	Model	Manufacturing Year	Serial / FAA Number	

Payload Schedule			
Make	Model	Serial Number	Insured Value

Ground Equipment			
Make	Model	Serial Number	Insured Value

## State-Specific Fraud Notice

**Applicable in AL, AR, LA, NM, RI, and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

**Applicable in CO, ME, TN, VA, 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/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 CA:** 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in DC:** WARNING: It is a crime 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.

**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 KY:** 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 crime.

**Applicable in MD:** 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 crime and may be subject to fines and confinement in prison.

**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 NY:** 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 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.

**Applicable in OH:** 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.

**Applicable in OK:** 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.

**Applicable in 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.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in other states:** Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.