

P.O. Box 2875

Glenview, IL 60025

## UAV Insurance Application

Please fill in all blanks, check all applicable boxes, and sign and date at bottom. Please attach a separate sheet for sections with limited space. This document does not provide any coverage or amend any existing coverage.

### 1. GENERAL INFORMATION

Applicant's Name:			
Address:			
City:			
State:		Zip:	
Phone:	Home: ( ) -	Work: ( ) -	
Applicant's Business Is:			
Current Insurance Carrier:			
Current Coverage Expires:			

### Check all that apply below

<input type="checkbox"/> Applicant is an Individual
<input type="checkbox"/> Applicant is a Corporation
<input type="checkbox"/> Applicant is a Partnership* (explain below)
<input type="checkbox"/> Applicant is Other* (explain below)
<input type="checkbox"/> Aircraft will be operated under FAR Part 135
<input type="checkbox"/> Aircraft will be managed by other party (not Applicant)
<input type="checkbox"/> No Accidents/Incidents or Claims in last 5-years
<input type="checkbox"/> Insurance has never been Canceled or Non-Renewed

\*Use this space provided to name each partner or the entity that best describes the applicant (which ever applies), \_\_\_\_\_

### 2. UAV INFORMATION (Aircraft Frame, Flight Controller, Structures):

Serial Number or ID:	Year	Make & Model	Specifications (Wingspan, Length, Max Weight, Payload Weight)	Insured Value	Liability Limit
			/ / /	\$	\$
			/ / /	\$	\$
			/ / /	\$	\$
			/ / /	\$	\$
			/ / /	\$	\$

### 3. BASE STATION AND TRANSMITTER INFORMATION:

Serial Number or ID:	Year	Make & Model	Specifications	Insured Value	Comments
				\$	
				\$	
				\$	

### 4. PAYLOAD INFORMATION (Sensor, Downlink, Gimbal):

Serial Number or ID:	Year	Make & Model	Specifications Payload Type and Use	Insured Value	Comments
				\$	
				\$	
				\$	

- a. Is the Applicant a Manufacturer or End User: \_\_\_\_\_
- b. Primary location the UAV(s) will be operated (test site, military base, etc): \_\_\_\_\_
- c. Annual hours each UAV(s) will be operated: \_\_\_\_\_
- d. Maximum Endurance (flight duration) of UAV: \_\_\_\_\_
- e. Top Speed of UAV: \_\_\_\_\_
- f. Primary means of control – line of sight or computer guided: \_\_\_\_\_

- g. Does the UAV(s) have "auto-land" or "return to home" capability: \_\_\_\_\_
- h. How many UAV units does applicant own or operate: \_\_\_\_\_
- i. How many UAV units will be operated at any one time: \_\_\_\_\_
- j. Is the UAV powered by a gas or electric power plant: \_\_\_\_\_
- k. Is the aircraft designed to deploy/drop payload or other items: \_\_\_\_\_
- l. How long have the make & model (s) operated been flying: \_\_\_\_\_

List names and addresses of loss payees and lienholders:

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**5. AIRCRAFT USE INFORMATION:**

SN or ID:		<input type="checkbox"/> Sales and Demo	<input type="checkbox"/> Aerial Photo/Survey	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
SN or ID:		<input type="checkbox"/> Sales and Demo	<input type="checkbox"/> Aerial Photo/Survey	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
SN or ID:		<input type="checkbox"/> Sales and Demo	<input type="checkbox"/> Aerial Photo/Survey	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
SN or ID:		<input type="checkbox"/> Sales and Demo	<input type="checkbox"/> Aerial Photo/Survey	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	
SN or ID:		<input type="checkbox"/> Sales and Demo	<input type="checkbox"/> Aerial Photo/Survey	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Other : _____	Est. Annual Hrs:	

**6. NAMED PILOTS** (Include Time Operating Types of Equipment Insured):

Pilot Name	Time Flying Types of Equipment

Pilot Name	Time Flying Types of Equipment

Pilots are:  Employees of the Applicant  Contract Pilots  Other: \_\_\_\_\_

Pilot(s) have completed:  Formal UAV Pilot or Operator Training. (please detail fully on pilot record form)

**7. ADDITIONAL INFORMATION:**

- a. Does Applicant currently hold an FAA Certificate of Authorization (COA)? (if applicable) \_\_\_\_\_
- b. If an FAA Certificate of Authorization (COA) has been issued, what was the basis for issuance: \_\_\_\_\_
- c. Aircraft Maintenance provided by: \_\_\_\_\_
- d. Will insured aircraft be used outside the continental United States? .....  Yes  No
- e. Does Applicant own or exclusively lease any other aircraft? .....  Yes  No
- f. Will anyone other than named pilots operate the insured aircraft? .....  Yes  No
- g. Does Applicant have any Non-Owned Aircraft or UAV exposure?.....  Yes  No
- h. Has Applicant ever had insurance denied or cancelled? .....  Yes  No
- i. Has Applicant or Named Pilot ever had any incidents, accidents, or violations?.....  Yes  No
- j. Has Applicant or Named Pilot ever had any felony convictions or license suspensions?.....  Yes  No
- k. Does the applicant provide training in the operation of UAV's? .....  Yes  No

Explain all YES answers (attach separate sheet, if necessary) : \_\_\_\_\_

8.	<b>5-YEAR LOSS HISTORY (attach loss runs if available):</b>
9.	<b>Have you completed a formal ground and flight school (Include FAA Ground School)?:</b>
10.	<b>Do you maintain a Build Log and Maintenance Log?:</b>
11.	<b>Do you maintain a Flight Log?:</b>
12.	<b>Does the aircraft have an iOSD and recordable flight log?:</b>  <b>Does the aircraft have a remotely recordable flight log?:</b>
13.	<b>Will the aircraft be operated over water?:</b> <b>If so, how often (average number of flights per year) ?:</b>
14.	<b>Will the aircraft ever be rented or leased to a third party?:</b>
15.	<b>Do you have a formal safety program and procedure in place?:</b>

*I understand that by signing below, I am agreeing that: all statements on this application are complete and true to the best of my knowledge; no information has been suppressed or withheld; no insurer has cancelled or refused to renew this insurance; the information herein and the truthfulness thereof will be the basis of any insurance provided by the company; this application does not bind the applicant or the company to provide any insurance; 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, 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.*

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **NOTICE TO APPLICANTS**

**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, 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.

**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 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 crime.

**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 crime and subjects such person to criminal and civil penalties.

**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 FLORIDA APPLICANTS:** 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 in the third degree.

**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 Authorities.

**NOTICE TO ARKANSAS and 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 crime and may be subject to fines and confinement in prison.

**NOTICE TO UTAH APPLICANTS:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

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

**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 (365:15-1-10, 36 S.S. 3613.1)