



UAV/UAS (DRONE) INSURANCE POLICY APPLICATION

Unmanned Aircraft Hull & Liability Coverages (L.o.S. Operations, <400 ft. alt.)

APPLICANT

Entity <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____				Full Name	
Business / Occupation			Phone Number		Email Address
Street Address				City	State
					ZIP Code

UAS / UAV

Year	Make		Model		Registration / Serial Number	
Purchased by Applicant <input type="checkbox"/> New <input type="checkbox"/> Used		Design <input type="checkbox"/> Prototype <input type="checkbox"/> Production	Wings <input type="checkbox"/> Fixed <input type="checkbox"/> Rotor		Propulsion <input type="checkbox"/> Single-engine <input type="checkbox"/> Multi-engine <input type="checkbox"/> Battery <input type="checkbox"/> Other _____	
Total hours flown since manufacture		Annual flight hours (estimate)		General use of the UAS		
Wingspan (in feet)	Maximum takeoff weight (in pounds)		Maximum Range	Maximum Altitude	Maximum Endurance	Is the UAS exempt from FAA 333? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the UAS operate under an FAA-approved COA? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will the UAS only be flown by a licensed pilot(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many UAS can be operated from a single GCS?	
Operating Entity <input type="checkbox"/> Civil <input type="checkbox"/> Government <input type="checkbox"/> Military (non-combat)			Operating environments (Sum of % should be 100%) ___% Urban ___% Semi-urban ___% Industrial ___% Rural ___% Over Water ___% Over Desert			
Flight Conditions <input type="checkbox"/> Night <input type="checkbox"/> IFR <input type="checkbox"/> Low-level		Operations over public events <input type="checkbox"/> No <input type="checkbox"/> Yes _____				

Describe the following as applicable to this UAV / UAS

Take-off Procedure	Landing Procedure	Auto-pilot Capabilities
Primary Communication with UAS	Levels of Data-Link Redundancy	Lost-Link Procedure
Obstacle / Aircraft Sensing and Avoidance Capabilities	Protections Against Third-party Communications	On-board Jamming / Anti-spoofing Hardware
On-board Backup Power Supply	Emergency Parachute System	Geographic area(s) of operation

PAYLOAD

Hazardous Materials or Components <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe their function
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GROUND CONTROL SYSTEM

Year	Make	Model	Registration / Serial Number
Purchased by Applicant <input type="checkbox"/> New <input type="checkbox"/> Used		Systems and Software	

SECURITY

	Storage Location(s)	Security (including locks, alarms, personnel, etc.)
UAS / UAV		
Ground Equipment		
Payload		

MAINTENANCE

Does the UAS undergo routine maintenance and testing in accordance with the manufacturer's guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance performed by <input type="checkbox"/> Applicant <input type="checkbox"/> Third-Party <input type="checkbox"/> Other _____
Full Name of Maintenance Supervisor	Number of years in this position Company

PILOTS

Full Name of Chief Pilot	Relationship to Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____	Number of years piloting for applicant
Description of flight training program	Description of recurrent flight training curriculum	

Pilots who operate the Applicant's UAS

Full Name (Chief Pilot)		Training / Relevant Experience
Relationship to Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Contractor	Employer	
Is the pilot exempt from FAA 333? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Aircraft / UAS flown	
Full Name (Pilot 2)		Training / Relevant Experience
Relationship to Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Contractor	Employer	
Is the pilot exempt from FAA 333? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Aircraft / UAS flown	
Full Name (Pilot 3)		Training / Relevant Experience
Relationship to Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Contractor	Employer	
Is the pilot exempt from FAA 333? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Aircraft / UAS flown	
Full Name (Pilot 4)		Training / Relevant Experience
Relationship to Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Contractor	Employer	
Is the pilot exempt from FAA 333? <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of Aircraft / UAS flown	

NON-OWNED AIRCRAFT

Do any employees (including pilots employed by the applicant) pilot UAS not owned by the applicant or the applicant's business? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , describe usage
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LIENHOLDER

Applicant is: <input type="checkbox"/> Sole owner <input type="checkbox"/> Owner subject to lien <input type="checkbox"/> Lessee	Has a lien been granted for the UAS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Encumbrance (excluding interest and finance charges) \$		
Will Breach of Warranty Coverage be required by the lienholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name of Lienholder			
Street Address		City	State	ZIP Code
Are engines, spare engines, or other aircraft equipment subject to separate lien or mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , describe			

INSURANCE HISTORY

Has this UAS previously been covered by aviation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of most recent insurance carrier
To the applicant's knowledge, has any damage been sustained by, or have any claims been made by others that have arisen out of the operation of, <u>any aircraft or UAS</u> owned by or in the custody of the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , describe
Has any insurance company or underwriter at any time declined an application submitted by, or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (Not applicable in MO)	If Yes , explain the circumstances

UAS / UAV / Aircraft Claims History

Date of Occurrence	Amount Paid	Description of Loss
	\$	
	\$	
	\$	

REQUESTED INSURANCE

Liability Coverage	Requested Limits (per occurrence)
Single-limit Bodily Injury and Property Damage Liability	\$
Other (describe)	\$
Other (describe)	\$

Hull Coverage	Insured Value	Physical Damage Coverage	War Risk Coverage
UAS / UAV	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ground Equipment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payload	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance Effective Date: <input type="checkbox"/> or as soon as possible
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FRAUD STATEMENTS

ALABAMA: "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 restitution fines or confinement in prison, or any combination thereof."

ARKANSAS: "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."

COLORADO: "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."

DISTRICT OF COLUMBIA: "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."

FLORIDA: "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."

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY: "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."

LOUISIANA: "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."

MAINE: "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 denial of insurance benefits."

MARYLAND: "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".

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

NEW MEXICO: "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 civil fines and criminal penalties."

NEW YORK: "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."

OHIO: "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."

OKLAHOMA: "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."

PENNSYLVANIA: "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."

RHODE ISLAND: "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."

TENNESSEE: "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."

VIRGINIA: "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."

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."

WEST VIRGINIA: "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."

PUERTO RICO: "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."

All particulars herein are declared to be true and complete to the best of the Applicant's knowledge, and no information has been withheld or suppressed, and the Applicant agrees that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between the Applicant and the insurer. The Applicant hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Applicant Name: _____ Date: _____

Applicant Signature: _____

This application does not commit the insurer to any liability, nor does it make the applicant liable for any premium unless and until the insurer agrees to effect this insurance.



WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to Underwriting@AerialVehicleInsurance.com or your assigned underwriter
 - b. Mail the pages to our Raleigh NC address (listed above)
 - c. Fax the pages to 919-834-7039

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to Underwriting@AerialVehicleInsurance.com or to your assigned underwriter

Note: Incomplete applications may result in processing delays.

Coverage Detail

Generally, there are two classes of coverage available to drone operators, hull and liability. You may purchase from us liability only or liability and hull combined. Drone liability insurance under our policy form obligates the carrier to pay for those damages to specified persons or property. If a lawsuit is filed against the insured to collect for damages covered under the policy, the carrier may defend the insured. Hull insurance covers loss or damage to the insured's unmanned aerial vehicle sustained anywhere within the coverage territory up to the policy limits. Both liability and hull coverage parts have standard exclusions and contain salvage and subrogation rights typical of all property and casualty policies.