

DRONE/UAS OPERATORS SUPPLEMENTAL APPLICATION
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		Agency/Agent:	
Renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy Number:
Effective Date:			
Website:			

2) Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> Retroactive date:

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) Applicant's description of operations, brochure, or marketing materials if a website is not available
- c) A copy of your operational manual or standard operating procedures

3) Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

4) Premise Address (if different from above): _____
 City: _____ State: _____ Zip Code: _____

- 5) Please check all drone operations which you engage in:
- | | | |
|--|--|---|
| <input type="checkbox"/> Aerial Photography | <input type="checkbox"/> Aerial Inspections | <input type="checkbox"/> Security Services |
| <input type="checkbox"/> Delivery Services | <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Film/TV Videography |
| <input type="checkbox"/> UAS Rentals | <input type="checkbox"/> Aerial Applicator - Private | <input type="checkbox"/> Aerial Applicator - Governmental |
| <input type="checkbox"/> Police Operations | <input type="checkbox"/> Emergency Communications | <input type="checkbox"/> Firefighting/Fire Monitoring |
| <input type="checkbox"/> Military Operations | <input type="checkbox"/> Mapping/Surveying | <input type="checkbox"/> Personal Hobbyist/Recreational Operation |
| <input type="checkbox"/> Drone Racing | <input type="checkbox"/> UAS Training/School | <input type="checkbox"/> Other (please describe): _____ |

6) How long have you been in operation under this business name or any others (please provide any prior entities)?

7) What are your projected sales for the coming term? \$ _____

8) What are your projected flight hours for the coming term? _____

9) Are your operations for-hire? Yes No

- 10) Do you perform operations for any government organizations? Yes No
If yes, please list and provide details: _____
- 11) Do you own your aircraft? Yes No
If no, who owns the aircraft you operate? _____
- 12) Are all craft you operate FAA registered? If no please attach explanation. Yes No
- 13) Are all of your operations under 14 CFR Part 107? Yes No
a. If no, are your operations qualifying hobby or recreational activities under 14 CFR Part 101? Yes No
b. If no, are you operating under a valid 333 exemption? Yes No
+ If yes, are you operating craft over 55 pounds takeoff weight? Yes No
+ Please attach a copy of your authorization(s) and any amendments
c. If you have any special certificates of waiver allowing for deviations from 14 CFR Part 107 rules, please attach copies
- 14) Do you have any controlled airspace authorizations or waivers? Yes No
a. If yes, please attach copies.
b. If your authorization or waiver will expire within the next 12 months, do you intend to renew? Yes No
- 15) Where do you conduct operations? Select all that apply.
 Urban areas (cities, towns) Suburban areas (residential) Suburban areas (commercial)
 Industrial only Rural (farm/agricultural land) Wilderness/Wildlands
 Over Water - land based Over Water - sea/ship based Severe Weather/Disaster Zones
 Night time Other: _____
- 16) Who makes the final go/no go decision before flights? _____
- 17) Do you conduct any operations to or from an airport, air field, or helipad? Yes No
- 18) Do you conduct any operations on any American Indian tribal lands or reservations? Yes No
- 19) Do you conduct your own aircraft maintenance? Yes No
a. If no, who does? _____
b. Are craft ever modified outside of OEM specifications? If yes, attach details. Yes No
c. How long are maintenance records maintained? _____
- 20) Are your operations subject to any regulatory or professional organization oversight outside of the FAA? If yes, please list: _____ Yes No
- 21) Do you have any prior claims or suits, or incidents which may result in a future claim or suit? If yes please attach an explanation. Yes No
- 22) Have you ever been involved in an incursion or near-miss incident? Yes No
- 23) Have your operations been determined by the NTSB, BEA, or similar governmental body to the probable or contributory cause of an aviation accident or incident? If yes, please attach a copy of the report. Yes No



24) Pilot information:

Name:	Pilot Certificate #/License #:	Position:

- a. Please attach copies of all pilot records.
- b. Are all pilots over 16 years of age? Yes No
- c. Do pilots ever operate, monitor, etc. more than one craft at a time? Yes No
 + If yes, max number of craft at one time: _____
- d. Do you have a written policy against drug and alcohol use during operations? Yes No
- e. Do you conduct intermittent drug screenings (if permitted in your jurisdiction)? Yes No

AERIAL APPLICATION/CHEMICAL OR WATER DISPERSAL

(complete this section only if you perform aerial dispersal)

25) What is the nature of your application operations? Check all that apply.

- Agricultural - Pesticide Agricultural - Fertilizer Agricultural - Water
- Dust Control Police - Irritant/Anti-riot Police - Marking/Tracking
- Firefighting - Water Firefighting - Chemical Fire Prevention - Chemical
- Controlled burn Other: _____

26) If you are applying any chemicals of any kind, please list all materials dispersed:

27) Do you possess any special permits, licensing, or membership from the EPA, National or State Agricultural Aviation Association, or other trade organization or governmental authority? Yes No

- a. If yes, please list and provide license/member numbers:

28) If you are performing agricultural application, do the farmers provide the chemical materials? Yes No

- a. If yes, are solutions pre-diluted? Yes No
- b. If no, do you provide chemicals? Yes No
- + Are chemical solutions and concentrations approved by famer before application? Yes No
- c. Are all chemicals used approved for aerial application by the manufacturer, EPA, and other pertinent authorities as applicable? Yes No
- d. Do you apply Picloram or other herbicides? Yes No
- e. Attach your procedures for avoiding overspray/unintentional application.

29) If you are performing controlled burns, attach your procedures for containment, monitoring, and suppression.



AERIAL IMAGING

(complete this section only if you perform aerial photography, video, surveillance, etc. operations)

- 30) What is the nature of your imaging operations? Check all that apply.
- | | | |
|--|--|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Insurance/Claims Adjusting | <input type="checkbox"/> Special Event Monitoring |
| <input type="checkbox"/> Security Surveillance | <input type="checkbox"/> Wildlife/Animal Photography | <input type="checkbox"/> Motion Picture/Television Filming |
| <input type="checkbox"/> Search and Rescue | <input type="checkbox"/> Disaster Monitoring | <input type="checkbox"/> Wildfire Monitoring |
| <input type="checkbox"/> Private Investigation | <input type="checkbox"/> Mapping/Surveying | <input type="checkbox"/> Other: _____ |
- 31) Do you operate any specialty cameras (infrared, thermal, night vision, etc.)? Yes No
- a. If yes, describe: _____
- 32) Are flights conducted as part of private operations (eg not sanctioned or commissioned by a government authority, police or military exercise, or similar official government operation)? Yes No
- a. If yes, are persons entering your area of photography/videography alerted by signage, personnel, or auditory warnings that the area is presently being filmed? Yes No
- b. If yes, but no to a. above, are you filming at a closed location or away from normal foot traffic/human presence? Yes No
- 33) If you are operating as a private security firm or private investigator, are you licensed for these operations? Yes No
- a. Licensing authority and license number: _____
- b. Do you carry liability insurance for these operations inclusive of personal and advertising injury coverage? Yes No
- 34) Has anyone ever complained to you or filed a complaint with a government authority about you regarding a violation of privacy or unauthorized image capture of themselves or of an individual or minor child for whom they are the legal custodian? If yes, please attach all pertinent documentation. Yes No

PHYSICAL DAMAGE COVERAGE

(complete this section only if you are seeking UAS physical damage coverage)

- 35) What are your current and desired physical damage limits?:
- | | | |
|--|----------------|----------------|
| <input type="checkbox"/> All Risk - Ground and Flight: | Current: _____ | Desired: _____ |
| <input type="checkbox"/> All Risk - Not in Flight: | Current: _____ | Desired: _____ |
| <input type="checkbox"/> All Risk - Not in Motion: | Current: _____ | Desired: _____ |
- 36) Where are aircraft stored when not in use? _____
- 37) Attach a copy of your pre-flight UAS inspection procedures and checklist.
- 38) What security measures are in place outside of business hours? Check all that apply:
- | | | |
|--|--|--|
| <input type="checkbox"/> Local Alarm - fire | <input type="checkbox"/> Local Alarm - burglar | <input type="checkbox"/> Locked Fencing |
| <input type="checkbox"/> Central Alarm - fire | <input type="checkbox"/> Central Alarm - burglar | <input type="checkbox"/> Barbed/Razor Wire Fencing |
| <input type="checkbox"/> Watchmen/Security Service | <input type="checkbox"/> Other: _____ | |
- 39) What fire suppression measures are in place? Check all that apply:
- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Smoke Alarm - local | <input type="checkbox"/> Smoke Alarm - central | <input type="checkbox"/> Sprinklers |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Other: _____ | |
- 40) If craft are battery powered, are craft attended during charging? Yes No



UNMANNED AIRCRAFT SPECIFICATION INFORMATION (duplicate this page for all crafts you operate)

41) Make, model, and year of aircraft _____

42) Registration number: _____

43) Operations performed with this craft:

44) Manufacturer's serial number: _____

45) Maximum take-off weight: _____

46) Maximum operating altitude (feet): _____

47) Maximum range (feet): _____

48) Maximum flight endurance/duration (hours:minutes): _____

49) Total value of UAS (including all installed equipment, but not carried cargo): _____

50) UAS Control:
 Manual Semi-autonomous Fully Autonomous Other: _____

51) UAS Type:
 Multi-rotor Single Rotor Fixed Wing - powered Fixed Wing - glider
 Hybrid Balloon Other: _____
a. Wingspan/Rotor Diameter: _____

52) Installed Equipment or Payload (check all that apply):
 Camera (image) Camera (thermal or infrared) Cargo
 Water Chemical - agricultural Chemical - firefighting
 Weaponry/Projectiles Weather Equipment Auditory Equipment/Speakers
 Other: _____
a. Does equipment/payload ever exceed \$5,000 in value? Yes No

53) How is this craft powered?
 Fuel: _____ Lithium Ion Battery Lithium Polymer Battery
 Nickel Cadmium Battery Other: _____

54) Type of launch:
 Traditional take-off Hand Rail
 Rocket-assisted Other: _____

55) Type of recovery:
 Traditional landing Net/Line Capture Parachute
 Other: _____
a. If the craft experiences a loss or interruption of communication/signal, does the UAS have a recovery protocol that returns the craft to the launch destination or predetermined point automatically? Yes No

56) Does this craft have any incursion avoidance/traffic detection capabilities? Yes No
a. If yes, please describe: _____
b. If no, does craft have a transponder or similar device to alert surrounding traffic? Yes No



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 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 of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

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 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 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 denial of insurance benefits.

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 crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 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/she 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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

