

**GENERAL INFO**

Name of Insured: \_\_\_\_\_

Sole Proprietor   
  Partnership   
  Corporation   
  Other

Physical Address: \_\_\_\_\_  
 No. Street City State Zip

Mailing Address: \_\_\_\_\_  
 No. Street City State Zip

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Website: \_\_\_\_\_ FEIN: \_\_\_\_\_

Date Established: \_\_\_\_\_ FAA 333 exemption number: \_\_\_\_\_

Proposed Policy Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Commercial Use   
  Government Use   
  Recreational Use

**UAVs AND EQUIPMENT**

Year	Make	Model	Value	Registration N Number	Weight

Maximum number of UAVs in flight at one time: \_\_\_\_\_

Total estimated annual flight hours for operation: \_\_\_\_\_

Any UAVs with Maximum take off mass greater than 20kg, including payload?  
 YES  NO

If yes, please give max weight and list details and uses:


Ground Control Station (GCS) and ancillary equipment (if applicable):

Equipment	Value per unit	Number of Units	Total Value



**COVERAGE REQUIRED:**

**Third Party Liability**

Covers liability to third parties for third party loss/damage, consequential of UAV failure

Check limit of liability desired: \_\_\_\$1,000,000 \_\_\_\$2,000,000 \_\_\_\$5,000,000

\_\_\_Other

**Physical loss & damage to UAV**

Covers physical loss or damage to UAV (airframe, payload, launch station and/or GCS)

**OPERATIONS**

<b>Purpose of Use</b> (check all that apply)		<b>Area of Operations</b> (check all that apply)
<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Industrial
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Private Security	<input type="checkbox"/> Rural
<input type="checkbox"/> Construction	<input type="checkbox"/> Special Events	<input type="checkbox"/> Suburban
<input type="checkbox"/> Education/Training	<input type="checkbox"/> Television/Movies	<input type="checkbox"/> Urban
<input type="checkbox"/> Inspections/Surveys	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<b>Description of use:</b>		<b>Description of area:</b>

**Pilot Information**

<b>Name</b>				
<b>Date of Birth</b>				
<b>License</b>				
<b>Total time on UAV</b>				
<b>UAV time past 12 months</b>				
<b>UAV time on model to be insured</b>				
<b>Accident/Incidents in the past 5 years</b>				
<b>Please make sure to attach current license for each pilot</b>				
<b>If more than 4 pilots, please attach further details to this form</b>				

Is there a Maintenance, Repair and Operations program in place?  YES  NO  
 If yes, please give description:

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**General Liability Coverage**

Covers liability to third parties for third party loss/damage, not consequential of UAV failure, but on site and in relation to the Insured's UAV activities

Do you require \$1m coverage?  YES  NO

If yes, please provide company turnover: \_\_\_\_\_

**Personal Accident Coverage**

Provides benefits in accordance with the following:

- 1) Death
- 2) Loss of one limb
- 3) Loss of two or more limbs
- 4) Loss of sight of one eye
- 5) Loss of sight of both eyes
- 6) Loss of sight of one eye and loss of one limb

Up to a maximum of \$250,000 per person, or capped at 5 times annual salary if less.

Number of Pilots to be covered	Salaries of pilots to be covered	Sum insured required

**Additional Coverages:**  
 (Contractual Insurance Requirements)  
 CHECK ALL THAT APPLY

Additional Insured	<input type="checkbox"/> Individual	<input type="checkbox"/> Blanket
Waiver of Subrogation	<input type="checkbox"/> Individual	<input type="checkbox"/> Blanket
Primary Wording	<input type="checkbox"/> Individual	<input type="checkbox"/> Blanket

Please provide name of carriers, premiums paid, limits and losses for the past 5 years

	YR _____	YR _____	YR _____	YR _____	YR _____
Carrier					
Limits					
Premium					
Losses					

Has the company or any of its staff involved in the operation of the UAV/s been cancelled or declined to renew insurance coverage in the past 5 years?  YES  NO

If yes, please explain:

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Has the insured ever had a lapse in coverage?  YES  NO

If yes, please explain:

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**DECLARATION**

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVENS IS TRUE AND ACCURATE.

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.

It is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

This application does not commit the Insurer to any liability nor make the applicant liable for any premium unless the Insurer agrees in writing the coverage has been bound. All details regarding qualifications shall be supported with relevant documentation.

Applicant Signature:

\_\_\_\_\_

Name (type or print)
Signature
Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE

Producer Signature:

\_\_\_\_\_

Name (type or print)
Signature
Date

