



UNMANNED AERIAL VEHICLE (UAV)/DRONE APPLICATION

Member Name: _____

Effective Date of Coverage: _____

Description

1. List the manufacturer, make and model name of each UAV including size, weight, serial number, and value.
 (Coverage is only available for UAVs 55 lbs and under)

2. Does the UAV come equipped with auto point of take-off return in the event of low battery or lost transmit reception? Yes No
3. Is UAV fixed wing, rotor wing, or quad rotor? N/A
 Fixed Wing Rotor Wing Quad Rotor Other _____
4. Is the UAV hand launched or self-take off?
 Hand Launched Self-take off
5. Was the UAV donated, sold, or loaned by the Federal Government? N/A
 Donated Sold Loaned by Federal Government
6. Do you want liability coverage only or both liability and physical damage coverage?
 Liability Only Liability & Physical Damage
7. Has the Entity ever had a UAV related loss? Yes No
 If yes, please describe:

Operations

1. Please the intended use/ operations?

2. Please provide the following:
 Average altitude: _____ Maximum altitude: _____
3. What are the expected annual flight hours?

4. Will this UAV ever be flown at night? Yes No
5. Where are the UAVs kept during non-operational use?

6. List any airport(s) within 5 miles of the operational area:

7. Do you have written procedures/policies for operation of the UAV? Yes No

Pilot/Operator Certifications

1. Please provide the unmanned aircraft pilot (operator) record:

What is the pilot/operator's rating (sport, recreational, commercial, etc)? _____

a) What are his/her years of experience or hours of operations? _____

b) Where did he/she receive UAV or UAS flight training? _____

2. Does the pilot/operator have a Certificate of Authorization/FAA 333 Certificate?

If yes, please provide copy of the FAA 333 COA. Yes No

3. Does the pilot/operator have a Part 107 Certificate of Operation? Yes No

Have any waivers been granted for the operational limitations under Part 107? Yes No

4. Have you registered your UAV(s) with the Department of Transportation/FAA?If Yes No

Yes, please provide the List Registration Number and a copy of the Registration.

List Registration Number: _____ Copy Attached: _____

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage has read and understands the Application, and declares all statements set forth herein are true, complete, and accurate, to the best of his/her knowledge. This Application shall be the basis of the agreement should coverage be issued.

Applicant's Signature

Printed Name

Title

Date