**Unmanned Aerial Vehicles Supplemental Application**

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| **This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.**  |
| APPLICANT INFORMATION |
| Named Insured(s) (include DBA name, if applicable, and any Additional Named Insureds as written on current or former policy, and for which coverage is being requested):      |
|       |
| Mailing address: | City / State: | Zip code: | Phone number: | Fax number: |
|       |       |       |       |       |
| Mailing address if different from above (of first named insured): | Website address:      |
|       | FEIN:      |
| Contact E-mail:       | Contact name & phone number:      |
| **Limits Requested** |
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| **Sublimit(s) of Insurance** | **Aggregate Sublimit of Insurance** |  |
| $100,000 | $100,000 |[ ]
| $250,000 | $250,000 |[ ]
| $500,000 | $500,000 |[ ]
| $750,000 | $750,000 |[ ]
| $1,000,000 | $1,000,000 |[ ]

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| **Unmanned Aircraft Vehicle Information** |
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| **Serial Number or ID** | **Year** | **Make & Model** |
|       |       |       |
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| **Named Operator Information** |
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| **Operator Name** | **Time Flying Types of Equipment** | **Indicate whether Operator is an employee of the applicant, contracted operator, or other** |

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| **Operator has Completed** **Formal UAV/UAS Training** |

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|       |       |       | [ ]  Yes [ ]  No |
|       |       |       | [ ]  Yes [ ]  No |
|       |       |       | [ ]  Yes [ ]  No |
|       |       |            | [ ]  Yes [ ]  No |
|       |       |  | [ ]  Yes [ ]  No |

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| Does Applicant currently hold an FAA Certificate of Authorization (COA)?  | [ ]  Yes | [ ]  No |
| Will anyone other than named operators operate the Unmanned Aircraft(s)? | [ ]  Yes | [ ]  No |
| Does the applicant provide training in the operation of Unmanned Aircraft(s)? | [ ]  Yes | [ ]  No |
| Has applicant or named operator ever had any incidents, accidents or violations?  | [ ]  Yes | [ ]  No |
| Has applicant or named operator ever had any felony convictions or license suspensions?  | [ ]  Yes | [ ]  No |
| Has applicant ever had Unmanned Aircraft insurance denied or cancelled? | [ ]  Yes | [ ]  No |
| Will the Unmanned Aircraft be operated over water? | [ ]  Yes | [ ]  No |
| Will the Unmanned Aircraft ever be loaned, rented or leased to a third party? | [ ]  Yes | [ ]  No |
| Has applicant ever had Unmanned Aircraft insurance denied or cancelled? | [ ]  Yes | [ ]  No |
| Explain all ‘Yes’ answers       |
|       |
| Annual Hours each UAV/UAS will be operated:       |
| Maximum Endurance (flight duration) of UAV/:       |
| Top Speed of UAV/UAS:       |
| Primary means of control – line of sight or computer guided:       |
| Does UAV/UAS have “auto-land” or “return home” capability:       |
| How many UAV/UAS units does the applicant own or operate:       |
| How many UAV/UAS units will be operated at any one time:       |
| Annual Hours each UAV/UAS will be operated:       |
| How is UAV/UAS unit powered – gas or electric:       |
| UAV/UAS maintenance provided by:       |
| Annual Hours each UAV/UAS will be operated:       |
| Do you Maintain a Flight Log, Build Log and/or Maintenance Log:       |
| Do you Maintain a Build Log and Maintenance Log:       |

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| Applicant: |       | Title: |       |
| Applicant’s Signature: |       | Date: |       |
| Agent / Broker Name: |       |

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.**

**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 hereof.**

**FRAUD WARNING**

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on a 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 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.

**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 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.

**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 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.

**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.

**NOTICE TO WASHINGTON APPLICANTS:**It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

**NOTICE TO ALL OTHER STATE 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, 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.