



Salt Lake City Area Office
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 800-257-5590 • Fax 800-478-9880

Chicago Office
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 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

DRONE OWNERS

General Information

Proposed Effective Date: _____

1. Applicant's Name: _____
2. Applicant's Mailing Address: _____
3. City: _____ State: _____ Zip: _____
4. E-Mail: _____ County: _____
5. Business Telephone Number: () _____ Fax: () _____
6. Physical Location of Drone: _____
7. Population within 50 miles: _____
8. Other Locations Used (attach additional sheet if required):
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 States, territory or area drone will be operated in: _____
9. Contact Person: _____
10. Detailed description of business activities (specifically, and by location): _____

11. Producer No.: _____ Producer's Name: _____
12. Producer's E-mail: _____
13. Is this a new purchase? Yes No If no, how many years have you been the aircraft owner? _____
14. Applicant is: Individual Corporation Partnership Joint Venture Other (please describe): _____

15. Applicant is: Drone Owner Drone Lessee Borrows or Uses Drone Owned by Others
16. List other owned aircraft, and indicate how these are insured: _____
17. Annual Number of flights: _____
18. Total Number of Pilots: _____ Name of Pilot in Command: _____

Insurance History

1. Who is your current insurance carrier (or your last if no current provider)? _____
2. Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

3. Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No
 If yes, please explain: _____

Desired Insurance

1. Hull Coverage: Hull Value \$ _____ How determined? _____
2. Equipment Value: _____ Ground Control Station/Controller Value: _____
3. Please specify each piece of equipment and value: _____

4. Amount of encumbrance: _____ Full Coverage Loan Amount
 - a. Lienholder Address _____
City: _____ State: _____ Zip: _____
 - b. Loan Number: _____ Remaining Balance: _____
5. Will any Lienholder require breach of warranty coverage? Yes No

Limit of Liability:

- \$5,000 per person / \$5,000 property damage / \$10,000 per accident / \$25,000 aggregate
- \$10,000 per person / \$10,000 property damage / \$20,000 per accident / \$50,000 aggregate
- \$20,000 per person / \$20,000 property damage / \$50,000 per accident / \$100,000 aggregate
- \$50,000 per person / \$50,000 property damage / \$75,000 per accident / \$150,000 aggregate
- \$100,000 per person / \$100,000 property damage / \$200,000 per accident / \$300,000 aggregate
- Other: _____

Self-Insured Retention (SIR): \$1,000 (Min.) \$1,500 \$2,500 \$5,000 \$10,000 Other: \$ _____

Drone Information - Complete the following section for each drone to be insured. Photocopy section if necessary.

1. Has the Applicant, or any Pilot to be insured, had any issue with the FAA? Yes No
If yes, please explain: _____
2. Will this Drone be operated under an FAA Approved Certificate of Authority (COA)? _____ Yes No
3. Will this Drone be operated under an FAA section 333 exemption?
4. Drone Make: _____ Year: _____ Model: _____
5. FAA/Serial Number: _____
6. Manufacturer Website: _____
7. Wingspan or Rotor Diameter/Length/Weight: _____
8. What is the Power/Wattage Output? _____
9. What is the Maximum Speed? _____
10. Maximum Operating Altitude? _____ Maximum Range? _____
11. Maximum distance UAV will be flown from ground control station? _____
12. Maximum anticipated duration of any single flight? _____
13. In the event of a lost link between UAV and control station, does the UAV contain an automated recovery program that allows for it to safely return to a predetermined point? Yes No
If yes, please explain procedure: _____

14. Hours flown (last year): _____
15. What is the main purpose of use for drone: _____
16. When not flown, how is Drone stored? _____
17. Geographic areas of operation? : _____

18. Who employs the pilot(s)/operator(s) of the drone to be insured? Applicant Other (explain)

19. Pilots who will be using this drone: _____

20. Who completes required maintenance and repair work?

- a. Name: _____
- b. E-Mail: _____ Business Telephone No.: () _____
- c. Fax: () _____
- d. Date of last service: _____ Service Description: _____

Complete the following information for each pilot to be insured. Pilots who are not scheduled will not be covered.

Operator Information:

1. Name of Operator: _____ Date of Birth: _____

2. Operator Address: _____

City: _____ State: _____ Zip: _____

3. Operator Employer: _____

4. Start date: _____

5. Education:

a. Traditional schooling: _____

b. Ground and Flight School (including FAA ground school if applicable): _____

6. Operator's logged flight hours:

Name the top three UAV/UAS you have the highest time in:	Drone
Make and Model of Craft:	
Make and Model of Craft:	
Make and Model of Craft:	
Number of Launches last 90 days	
Number of launches last 12 mo.	
Total number of launches	
Pilot In Command (hrs.)	
Total hours Last 12 Mo. (hrs.)	
Total Last hours 90 Days (hrs.)	
TOTAL HOURS	

7. Certifications and ratings currently held: _____

8. Have you ever had an Aircraft/Drone claim, incident or accident? Yes No

If yes, please explain: _____

9. Have you ever been cited or fined for violation of an aviation regulation? Yes No

If yes, please explain: _____

10. Has your operator certificate ever been suspended or revoked? Yes No

If yes, please explain: _____

11. Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

12. FAA certificate number: _____ Renewal Date on medical ___ / ___ / ___ Class 1 2 3

13. Date first certified as an operator: _____

14. Date of last flight review: _____

15. Are there any waivers or limitations on your Medical Certificate? Yes No
16. Have you ever been:
- a. Cited for violating civil or military flight restrictions? Yes No
 - b. Convicted of or pled guilty to a felony? Yes No
 - c. Arrested for driving under the influence of drugs or alcohol? Yes No

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____
Applicant:

Dated: _____
Agent/Broker:

Signature

Signature

Print Name

Print Name