



Name of Entity: \_\_\_\_\_

<b>DESCRIPTION</b>	Make: _____	Model: _____	Serial #: _____			
	Size: _____	Weight: _____	Value: _____			
	1. Does the UAV come equipped with auto point of take-off return in the event of low battery or lost transmit reception?			Yes	No	
	2. Is the UAV fixed wing, roter wing, or quad roter?			N/A		
	Fixed Wing	Roter Wing	Quad Roter	Other		
	3. Is the UAV hand launched or self-take off?			Hand Launched	Self-take off	N/A
	4. Was the UAV donated, sold or loaned by the Federal Government?			N/A		
Donated	Sold	Loaned by the Federal Government				
5. Do you want liability coverage only or both liability and physical damage coverage?						
Liability Only		Liability & Physical Damage				
6. Have you (the entity) every had a UAV related loss?			Yes	No		
If Yes, please describe: _____						

<b>OPERATIONS</b>	1. What are the intended uses of operations?				
	2. What is the average flying altitude, including maximum altitude?				
	3. What are the annual hours expected for use? _____				
	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 the operation of the UAV?			Yes	No

<b>PILOT/OPERATOR CERTIFICATIONS</b>	1. Please provide the unmanned aircraft pilot (operator) record.				
	a) What is the pilot/operator's rating (sport, recreational, commercial, etc.)? _____				
	b) Where did the pilot/operator receive UAV or UAS flight training? _____				
	2. Does the pilot/operator have a Certificate of Authorization/FAA 333 Certificate?			Yes	No
	<b><i>If yes, please provide a copy of the certificate.</i></b>			Yes	No
	3. Does the pilot/operator have a Part 107 Certificate of Operation?			Yes	No
a) Have any waivers been granted for the operational limitation under Part 107?			Yes	No	
4. Have you registered your UAV(s) with the Department of Transportation/FAA?			Yes	No	
<b><i>If yes, please provide a copy of the registration.</i></b>					



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.

**SIGNATURE**

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_