



Unmanned Aircraft Hull & Liability Insurance Application

APPLICANT CONTACT INFORMATION

Name: eMail: Phone:
FIRST LAST

NAMED INSURED INFORMATION

Business Name:

Address:
STREET CITY STATE/PROVINCE ZIP/POSTAL CODE

Applicant's website:

Business of Applicant: Years in business:

Applicant is: ☐ an individual(s) ☐ a partnership ☐ a corporation ☐ a holding company/LLC ☐ a government entity

For which industries will you be utilizing unmanned aircraft in support of? (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Oil/Gas/Energy/Rail/Transportation | <input type="checkbox"/> Marketing (Aerial Photography/Film/Video) | <input type="checkbox"/> Flight Test/Product Demonstration/Training |
| <input type="checkbox"/> Real Estate Sales & Management | <input type="checkbox"/> Military (Non-combat) | <input type="checkbox"/> Photography - Special Events (Weddings, Private Functions, etc.) |
| <input type="checkbox"/> Entertainment (Aerial Film/Video) | <input type="checkbox"/> Environmental/Atmospheric/Weather Research | <input type="checkbox"/> Disaster/Accident Investigation/Insurance/Claims Support |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Emergency Services/Search & Rescue/Law Enforcement |
| <input type="checkbox"/> Mapping | <input type="checkbox"/> Wildlife Management/Research/Conservation | <input type="checkbox"/> Construction/Engineering/Architecture |
| <input type="checkbox"/> Other (Please describe in the space provided): <input type="text"/> | | |

YOUR UNMANNED AIRCRAFT INSURANCE

Effective From: until
MONTH DAY YEAR MONTH DAY YEAR

Does your business currently have unmanned aircraft coverage in place? ☐ Yes ☐ No

If yes, please advise existing carrier name: Policy expiration date:

YOUR UNMANNED AIRCRAFT NUMBERS

Please advise the number of unmanned aircraft the Named Insured owns in each takeoff weight class below:

Maximum weight less than 11 lbs./5 kgs. Maximum weight between 11 lbs./5 kgs. and 22 lbs. /10 kgs.

Maximum weight between 22 lbs. / 10 kgs. and 55 lbs. / 25 kgs. Maximum weight over 55 lbs. / 25 kgs.

LIABILITY COVERAGE

Please enter desired each occurrence UAS bodily injury and property damage liability limit:

Is war liability coverage desired? ☐ Yes ☐ No

NON-OWNED UNMANNED AIRCRAFT EXPOSURE

Are you planning on hiring any contractors or third party vendors to fly on your behalf?

If yes is selected for the above question, please provide the following additional details:

How many hours (annually) do you expect the contractor(s)/vendor(s) to fly on your behalf?

What level of liability coverage will you require of such them in order to fly for you?



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PILOT/OPERATOR INFORMATION

Operator Name	Age	Certificated Pilot?	Received Any Formal UAS Operational Training?	Total UAS Flying Experience (in hours)	Total Flying Experience with model(s) to be insured (in hours)	Manufacturer Trained?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Have any of the above listed operators ever been cited or fined for a violation of an aviation regulation, been convicted of a felony, convicted of driving a motor vehicle under the influence of alcohol or narcotics, or of reckless driving, ever had his/her drivers' licence suspended or revoked, or been treated for any chemical dependency?

☐ Yes ☐ No

If yes for any operator listed above, please provide the following additional details:

Individual(s) Involved:

Date of Event:

Description of Event:

GENERAL OPERATIONAL QUESTIONS

Please select "Yes" or "No" to the following Questions:

Will any unmanned aircraft operated by, or on behalf of, the applicant be used for any commercial flights or projects where a charge will be made to others?

☐ Yes ☐ No

Will any unmanned aircraft operated by, or on behalf of, the applicant be properly registered (where required), and be flown by, or under the direct supervision of, a remote pilot in command who is properly certificated and rated for the flight involved, and who has the ability to immediately take direct control of the unmanned aircraft at all times while in flight?

☐ Yes ☐ No

Will a visual observer be used for all unmanned aircraft operations conducted by, or on behalf of, the applicant?

☐ Yes ☐ No

Will all unmanned aircraft flights be made by, or on behalf of, the applicant be conducted within the visual line-of-sight of the remote pilot in command and the person manipulating the flight controls of the unmanned aircraft or a visual observer?

☐ Yes ☐ No

If no is selected for the above question, please select from the following:

- ☐ We do not have a waiver or exemption for such operations.
- ☐ We have a waiver and do not fly over populated areas.
- ☐ We have a waiver and do fly over populated areas.

Will all flights take place during daylight hours only, or civil twilight (30 minutes before official sunrise to 30 minutes after official sunset, local time) with appropriate anti-collision lighting?

☐ Yes ☐ No

If no is selected for the above question, please select from the following:

- ☐ I do not have a waiver for night flying.
- ☐ I have a waiver and do not fly over populated areas.
- ☐ I have a waiver and do fly over populated areas.

Will all unmanned aircraft flights be made by, or on behalf of, the applicant with the permission of the affected property owner(s) or their authorized representative(s), and avoid the overflight of individuals who are not directly involved in the operation of the unmanned aircraft?

☐ Yes ☐ No



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Will authorization be obtained from Air Traffic Control (ATC), and/or the applicable controlling agency, prior to any unmanned aircraft flight by, or on behalf of, the applicant that is to be conducted within controlled airspace or other locations where such prior approval is required, including any operations within prohibited or restricted areas, or other areas identified in Notices to Airmen (NOTAMs)?	<input type="radio"/> Yes <input type="radio"/> No
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Have you ever had a third party liability, or physical damage, unmanned aircraft related loss or claim?	<input type="radio"/> Yes <input type="radio"/> No
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If yes is select for the above question, please provide the following additional details:

Claim amount:

Date of Loss:

Description of Event:

Do you have a privacy policy in place as well as established procedures relative to the capture, use, storage, and destruction of images, video and other data collected by unmanned aircraft?	<input type="radio"/> Yes <input type="radio"/> No
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Will any flights be conducted by, or on behalf of, your business outside of your home country?	<input type="radio"/> Yes <input type="radio"/> No
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If yes is selected for the above question, please list additional countries where operations are anticipated:

PHYSICAL DAMAGE COVERAGE

Physical damage coverage is optional. Should physical damage coverage be desired, please complete the physical damage section of this application, found on the following page of this application.



Unmanned Aircraft Hull & Liability Insurance Application - Physical Damage

SYSTEM INFORMATION

AIRCRAFT - UAV, inclusive of equipment usually installed in the aircraft

Reg. #/Manu. Ser. #	Year	Make	Model	Value	Flight Hours Next 12 Months

PAYLOAD - Gimbals, Cameras, Sensors, etc. (No entry is necessary unless physical damage coverage is desired)

Manu. Ser. #	Make	Model	Value

GROUND CONTROL EQUIPMENT (No entry is necessary unless physical damage coverage is desired)

Manu. Ser. #	Make	Model	Value

SPARE PARTS (No entry is necessary unless coverage is desired)

Manu. Ser. #	Make	Model	Value

Is war physical damage coverage desired?

☐ Yes ☐ No

Note: Coverage not available without purchase of non-war physical damage coverage.

FRAUD WARNINGS

Last updated 10/21

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA 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 FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE, OR TO MAKE A 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM 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 INSURER 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 KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN 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 OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

ALL INFORMATION HEREIN IS WARRANTED TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND NO INFORMATION HAS BEEN SUPPRESSED OR WITHHELD, AND *NO INSURER HAS CANCELLED OR REFUSED TO RENEW THIS INSURANCE (*NOT APPLICABLE IN MISSOURI). MONTANA RESIDENTS: PURSUANT TO MONTANA STATUTE 33-15-403, ALL STATEMENTS AND DESCRIPTIONS MADE IN THIS APPLICATION SHALL BE CONSIDERED TO BE REPRESENTATIONS AND NOT WARRANTIES. I UNDERSTAND THAT THE INFORMATION HEREIN AND THE TRUTHFULNESS THEREOF WILL BE THE BASIS OF ANY INSURANCE PROVIDED BY THE COMPANY. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO PROVIDE ANY INSURANCE.

X

Applicant's Signature

PRODUCER INFORMATION	
AGENT NAME: <input type="text"/>	EMAIL: <input type="text"/>
AGENCY NAME: <input type="text"/>	PHONE: <input type="text"/>
CITY: <input type="text"/>	STATE/PROVINCE: <input type="text"/>
AIG AEROSPACE PRODUCER CODE: <input type="text"/>	