

Date: March 15, 2019

UAV Submission

Basic Information			
Named Insured			
Address			
Business Telephone	Residence Telephone	Cell	
Fax	Email		
Present Ins. Company	Expiration Date		

Applicant is: Individual(s) Corporation Partnership Holding Company Other _____

N-Number	Year	Make & Model	Seats	Insured Value	Deductibles		Remarks
					Not In Motion	In Motion	

Use: P&B Commercial Agriculture Construction Pipeline Other: _____
 Use: Urban Rural Mixed Residential Other: _____

Name	Age	Occupation	Ratings								Pilot Hours						Losses/ Waivers/ Violations		
			Stud.	Pvt.	Comm.	ATP	Instru.	ASEL	AMEL	RW	CFI	UARPC	TT	RG	ME	RW		UAV	MM

Aircraft Liability			Other
Option 1	Option 2	Option 3	

Questions
Operated outside the U.S.A.? Heavier than 50lbs? Used for Chemical Spraying? Used to drop/pick-up objects? Used above 400ft AGL? Used within 5miles of an airport? Any losses past 5 years? Has the drone been modified? Auto-return-to-base feature?

Remarks
Details on the Named Insured (who owns the aircraft and what is the name & business of that individual or company and what will the drone operation be): <div style="text-align: center;"><u>Additional Information</u></div> Lienholder: