



*****UAV – Request for Insurance Quote*****

Named Insured(s) _____ Phone _____

Mailing Address _____ Fax _____

_____ Email _____

City _____ ST _____ Country _____ Postal Code _____

Occupation / Business of UAV Owner’s Principals: _____ for _____ years

Current UAV Policy Expiration Date ____ / ____ / ____ Company _____ Agency _____

Describe any aviation incidents, accidents, claims or FAA Violations in past 5 years _____

FAA Section 333 Exemption has be applied for or granted on this date: ____ / ____ / ____

UAV DESCRIPTION: Fixed-Wing Helicopter Other, remark below

Year: _____ Make/Model: _____ ID # _____

Manufacturer’s Website: _____

Maximum Gross Take-Off Weight: _____ lbs.

Wingspan or Rotor Diameter: _____ / _____ feet/inches

Average Duration of Flight: _____ / _____ hours/minutes; Maximum Flight Endurance: _____ / _____ hours/minutes

Typical Operating Altitude: _____ feet; Maximum Operating Altitude: _____ feet

Typical Operating Range: _____ / _____ miles/feet; Maximum Operating Range: _____ / _____ miles/feet

Describe Special Equipment Attached to the UAV: _____

Describe Ground Equipment Un-attached to the UAV: _____

UAV is: Hand Launched Ground Launched Other, remark below

UAV Flight Control System is: Remote/Manual Autonomous Semi-Autonomous Other, remark below

Describe storage facilities for UAV and Special Equipment: _____

Does the UAV have an automated recovery system in event of low battery or lost radio link? No Yes, remark below

Does the UAV have redundant propulsion system? No Yes, remark below

Does the UAV have redundant flight control system? No Yes, remark below

Does the UAV have redundant navigation/communication system? No Yes, remark below

Aircraft Remarks: _____

UTILIZATION: Estimated UAV Annual Utilization: _____ flights / _____ hours

UAV Use: photo/video; survey/mapping; surveillance / law enforcement; weather research; animal herding

aerial application of seeds, fertilizers, chemicals, etc.; Other, remark below

Estimated Number of Annual Flights in the following areas:

_____ Rural (un-populated land); _____ Industrial (non-residential buildings) and City/ST names _____

_____ Suburban (moderate populated areas) and City/ST names _____

_____ Urban (heavily populated areas) and City/ST names _____

(continued)

(UAV Utilization continued)

Estimated Number of Annual Flights in the following areas:

_____ Indoors [] without spectators, [] with spectators, describe anticipated indoor activity in "Utilization Remarks", below

_____ Inland Waters (rivers, ponds, lakes) and State names _____

_____ Offshore Waters (large lakes, bays, seas, oceans) and names _____

Destinations outside of your country: _____ How Often _____/year

Percentage of Flights that are: _____ day; _____ night

Percentage of Flights that are: _____ visual; _____ instrument = _____ % severe weather

Are there any flights within 10 mile radius of an airport? [] No [] Yes, remark below

Are there any preflight or in-flight communications with Air Traffic Control? [] No [] Yes, remark below

Are there any flight observers, other than pilot/operator? [] No [] Yes, remark below

Utilization Remarks:

PILOT/OPERATOR: Name: _____ Date of Birth: ____/____/____

AMA Member #: _____ Number of Years operating UAVs _____

Pilot/Operator is: [] Aircraft Owner [] Full Time Employee [] Independent Contractor

Describe Type of FAA Pilot Certificate & Ratings: _____

Total Logged Hours in FAA certified aircraft: _____

Describe Type of UAV Pilot Certificate & Ratings: _____

Flight Experience in all UAVs: Total _____ flights / _____ hours; Last 90 days _____ flights / _____ hours

Flight Experience in Insured Model UAV: Total _____ flights / _____ hours; Last 90 days _____ flights / _____ hours

Initial UAV flight training received from _____ date ____/____/____

Insured Model UAV flight training received from _____ date ____/____/____

Pilot/Operator Remarks:

COVERAGE:

Value of UAV, excluding any special equipment \$ _____ [] Decline Aircraft Physical Damage Coverage

Value of Special Equipment Attached to Aircraft \$ _____ [] Decline Attached Equipment Coverage

Value of Un-attached / Ground Equipment \$ _____ [] Decline Ground Equipment Coverage

Total UAV & Equipment Insured Value \$ _____ [] Decline All Physical Damage Coverage

Liability Limit: [] \$1,000,000 [] \$2,000,000 [] \$5,000,000 [] \$10,000,000 [] \$ _____

Coverage Remarks:

I/We certify that all statements or representations contained in this application are true and correct. I/We further agree that the insurance company or their representatives, at their option, but without obligation to do so, may investigate to the extent it deems necessary, any qualification or statement contained in this application. I/We further confirm that unless otherwise stated in this application, no property described herein has any unrepaired damage as of the effective date of this application and that I/We are the sole and unconditional owners of the property.

FRAUD WARNING: 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 act, which is a crime.

Signature _____ Date _____