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General Liability

*Drones Supplemental*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete application on all drones for which the applicant desires Insurance.** | | | | | | | | |
| **Unmanned Aircraft System (UMS) / Drone Make / Model:** | | | | | | | | |
| Make: | | | Model: | | | | | |
| Make: | | | Model: | | | | | |
| Make: | | | Model: | | | | | |
| Make: | | | Model: | | | | | |
| Make: | | | Model: | | | | | |
|  | | |  | | | | | |
| **Purpose of Drone** | Law Enforcement: | |  | | Mapping: | |  | |
| Photography/ Filming Events: | |  | | Emergency Operations | |  | |
| Communications: | |  | | Search & Rescue: | |  | |
| Employee Training: | |  | | Surveillance: | |  | |
| Crime: | |  | | Inspecting Infrastructure: | |  | |
|  | List all other uses: | | | | | | | |
| **Training / Operation** | | | | | | | | |
| Does the training meet the required credentials of the FAA Part 107? Yes:  No:  Describe the employee training for drone usage: | | | | | | | | |
| Who will be operating the drone?  Will it be a licensed pilot or a licensed remote pilot-in-command functioning under Part 107? Yes:  No: | | | | | | | | |
| Is all maintenance performed on the aircraft, and its individual components, completed in accordance to manufacturer guidelines? | | | | | Yes:  No: | | | |
| Is a record of all maintenance maintained? | | | | | Yes:  No: | | | |
| Have you obtained a Certificate of Authorization (CoA) from the FAA? | | | | | Yes:  No: | | | |
| Are you planning on hiring any contractors or third-party vendors to fly on your behalf? | | | | | Yes:  No: | | | |
| If yes is selected for the above question, please provide the following additional details: | | | | | | | | |
| What level of liability coverage will you require of them to fly for you? | | | | | | | | |
| Do you obtain Certificates of Insurance from all contractors and third-party operators? | | | | | | | | |
| Will you be added as an additional insured to the contractor’s policy? | | | | | | | | |
| Operating Environment / Characteristics: | Urban | | |  | | Over Water | |  |
| Night Operations | | |  | | Other: | |  |
| Fire: | | |  | | Describe: | | |
| **Limit Each Occurrence:** | | | | **Aggregate:** | | | | |
| **Retention Each Occurrence:** | |  | | | | | | |
| **History** | | | | | | | | |
| Name of last Aircraft insurance carrier (if none, so state): | | | | |  | | | |
| Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? | | | | | Yes:  No: | | | |
| **Policies and Procedures / Best Practices** | Best Practices Manual for Drone Usage | |  | |  | |  | |
| Contract Language for 3rd Party Use and Mutual Aid Operations | |  | |  | |  | |
| Storage of Photographs and Film Taken by Drone | |  | |  | |  | |
| Policies and Procedures concerning the Consequences of Inappropriate Use | |  | |  | |  | |
| Best Practices for Privacy Guidelines | |  | |  | |  | |
|  | | | | | | | | |
| **Attach currently valued ground up to ultimate loss runs.** | | | | | | | | |