

Insured Name

Home Phone

Address

Work Phone

City, ST, Zip

Email Address

Business Type **Sole Proprieter**

Start Date

Website

UAV'S

Serial #

Year, Make and Model

Liability Coverage

Insured Value

Deductibles IM/NIM

Location Stored

Operations

List Locations of Operations

FAA Section 333 Exemption?

Yes No No

Describe all intended uses

Conditions: Night IFR

Do you utilize a Standard Operating Safety Procedure Manual?

Yes, Please Attach:

Do you have exposure to the following

Public Events

Private Events

NO

Pilots

Pilot Name

Date of Birth

Certificate & Ratings

Hours Flown & UAV Type

Formal UAV Training

Other Notes, Pilot Info and Aviation Pilot Experience/Qualifications

Additional Pilot Questions

1. Any accidents, claims, citations, FAR violations or license limitations?

Yes

No

2. Any Physical impairments, limitations or waivers on Medical Certificates?

Yes

No

3. Any Felony convictions or license suspensions arising out of operation of a motor vehicle?

Yes

No

4. Any convictions for operation of a motor vehicle recklessly or DUI's?

Yes

No

Please explain any Yes answers with respect to each pilot for the past 5 years:

Signature of Applicant

Date