

Insured Name  
Address, City  
ST, Zip

Home Phone  
Work Phone  
Email Address

Business Type

Start Date

Website

UAV'S

Serial #	Year, Make and Model	Liability Coverage	Insured Value	Deductibles IM/NIM
----------	----------------------	--------------------	---------------	--------------------

Operations

List Locations of Operations

FAA Part 107 Holder?

Describe all intended uses

Conditions    Night    IFR

Do you utilize a Standard Operating Safety Procedure Manual?

Do you have exposure to the following?    Public Events    Private Events

Pilots

Pilot Name	Certificate & Ratings	Date of Birth	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**