

## APPLICATION FOR HULL AND LIABILITY INSURANCE UNMANNED AIRCRAFT SYSTEMS

CHECK WHICH IS DESIRED:	NEW INS	URANCE POLICY	RENE	WAL POLICY			
NAME OF APPLICANT (INCLUDING D	/B/As AND I	HOLDING COMPA	NIES):				
ADDRESS:							
BUSINESS OR OCCUPATION OF APP	LICANT:						
APPLICANT IS: INDIVIDUAL(S)	CORPO	ORATION P	ARTNERSHIP	LLC OTHER			
INSURANCE IS REQUESTED FROM 12	2:01 A.M.	TO 1	2:01 A.M.	(local time at addr	ess of applicant	)	
Liability Coverage						OF LIABILITY DESIRED ach Occurrence	
SINGLE LIMIT BODILY INJURY AND P	\$	\$					
OTHER LIABILITY - PLEASE STATE:	\$	\$					
					•		
Physical Damage Coverage							
UAS Year, Make And Model	New/ Used	UAS Registration/ Serial Number	UAS Insured Value	Location usually stored	Estimated annual flight hours	Is War Risk Coverage required?	
	☐ new ☐ used		\$			☐ Yes ☐ No	
	☐ new ☐ used		\$			☐ Yes ☐ No	
	☐ new ☐ used		\$			☐ Yes ☐ No	
	☐ new ☐ used		\$			☐ Yes ☐ No	
	☐ new ☐ used		\$			☐ Yes ☐ No	
Total hours Pilot has flown with the	above UAS:		Type: Fixed	Wing   Rotor Win	g AND Prote	otype  Production	
Propulsion: Single Engine M	Maximum takeoff weight: Wingspan:						
Maximum operating altitude:	What is the maximum range/endurance:						
Describe take-off procedure:							
Describe landing procedure:							
Please describe the auto-pilot capab	oilities of the	UAS, if any:	1.1		,		
Describe the primary means of com	munication	established with	the UAS:				
Are there any levels of redundancy	for data-link	?  Yes  No	o If so, what are	they:			
Please describe the lost-link proced	ure in detail:						
Describe the ability to sense and avo	oid obstacle	s and other aircra	ft:				
Can more than one UAS be operate	d from a sin	gle GCS? If yes, ho	ow many:				
Will the UAS operate under FAA approved COA? ☐ Yes ☐ No							

Does the UAS have protections against third-party communications? $\square$ Yes $\square$ No										
Please describe any jamming	g/anti-spoo	fing softwa	are/hardw	are on board tl	he aircraft:					
What type of back-up power	supply do	es the UAS	have on b	oard, if any:						
Does the UAS have an emerg	gency para	chute syste	em, if yes,	please describe	e the system:					
Attach separate sheet for addition	onal aircraft	f necessary								
Lienholder										
UAS No.	Applicant is:		If aircraft is encumbered, name and address of lienholder			Amount of encumbrance (excluding interest and finance charges)		Will Breach of Warranty Coverage be required by lienholder?		
	Sole Owner	Owner subject to lien	Lessee							
1.						\$			☐ Yes ☐ No	
Are engines, spare engines, o	or other air	craft equir	ment sub	iect lien or moi	rtgage? \( \text{Y}	es	□ No If v	es, describe		
Attach separate sheet for addition					16080. — 1					
Operations	onar an crare i	r necessary								
	ion (plassa	lict):								
Geographic area(s) of operation (please list):  Operating Environment (Please list the percentage next to each. Should total 100%):  Urban Semi Urban Industrial Rural Over Water Over Desert										
Operating Entity: Civil								IFR Low Lev		
Describe the use of the UAS:		TIL IVIIIIC	ary (non-co	ilibat) II	ignic Contantion	13, _		TEK LOW LEV	eı	
		·	N. 16							
Any operations over public e	events? $\square$	Yes 🗀	No If ye	s, please descri	be:					
Pilots										
Name of Chief Pilot: Number of years employed by applicant:										
Does Applicant use other pilots?  Yes No										
If so, name their employer:										
Please describe the flight training program:										
Please describe the recurrent flight training curriculum:										
List all Pilots who operate the applicant's UAS, both employed and contract:										
Name Type Aircraft/UAS Flo			'UAS Flow	n # of Hours F	lown Pleas	Please describe any training or relevant experience.				
* Please place an asterisk next to the names of any contract pilots listed above.										
The second secon										
Payload or Ground Eq	luipmen	t Physic	al Dama	age Coverag	ge					
UAS Make and Model and/ or system and software	New/Used	d Seri	al No.	Insured Value	Hazardous Materials or Components		Function		escribe where it is stored ttached to the aircraft.	
	new used			\$	☐ Yes ☐					
	new used			\$	☐ Yes ☐	No				

Payload or Ground E	quipment F	hysical Dar	mage Covera	ge (continued	)	
UAS Make and Model and/ or system and software	New/Used	Serial No.	Insured Value	Hazardous Materials or Components	Function	If portable, describe where it is stored when not attached to the aircraft.
	☐ new ☐ used		\$	☐ Yes ☐ No		
	☐ new ☐ used		\$	☐ Yes ☐ No		
Maintenance						
Do you perform your own r	naintenance?	☐ Yes ☐ N	0			
If yes, name of Maintena	ance Superviso	r:			Number	of years in this position:
Outside maintenance perfo	rmed by:					
Does the UAS undergo rou	tine maintenar	ice and testing	in accordance wit	th manufacturer's	guidelines?	Yes No
Storage						
Describe the security prote	cting the aircra	ft or payload in	cluding locks, ala	rms and personne	el:	
Non-Owned Aircraft						
Do any employees (includir  Yes No If yes, des		yed by the app	licant) pilot UAS r	not owned by the a	applicant or	the applicant's business?
Income of Claims	History					
Insurance & Claims I  Name of last aviation insura		nono so stato)				
	-			1	1 1	
operation of, <u>any aircraft</u> (						ners that have arisen out of the , please provide details.
<b>Claims History</b>						
Date of Occurrence	Amou	ınt Paid	Description of Lo	OSS		
	\$					
	\$					
	\$					
If additional space is requir	<u> </u>					
Has any insurance compan the applicant or any of the circumstances:	y or underwrite pilots named h	er at any time d erein with rega	leclined an applic ard to any type of	ation submitted b insurance? (NOT <i>i</i>	y or cancele APPLICABLE	ed or refused to renew a policy held by IN MO) Yes No If so, explain
Name of Insurance Produc	or: Highland A	viation Incura	nce Agency II.C			
			ince Agency, LLC			
Address: <b>28 Greendale Dri</b>	ve, Oak Ridge	, NJ 0/438				
suppressed and I/we agree t	that this applica	ation and the te	erms and condition	ons of the policy in	use by the	rmation has been withheld or insurer shall be the basis of any contract statements contained herein.
Date	Applicant's	Signature (s)				
THIS APPLICATION DOES NO UNTIL THE INSURER AGREES			NY LIABILITY NO	R MAKE THE APPL	ICANT LIAB	LE FOR ANY PREMIUM UNLESS AND