

Does the UAS have protections against third-party communications? Yes No

Please describe any jamming/anti-spoofing software/hardware on board the aircraft:

What type of back-up power supply does the UAS have on board, if any:

Does the UAS have an emergency parachute system, if yes, please describe the system:

Attach separate sheet for additional aircraft if 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.					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are engines, spare engines, or other aircraft equipment subject lien or mortgage? Yes No If yes, describe

Attach separate sheet for additional aircraft if necessary

Operations

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 Government Military (non-combat) Flight Conditions: Night IFR Low Level

Describe the use of the UAS:

Any operations over public events? Yes No If yes, please describe:

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 Flown	# of Hours Flown	Please describe any training or relevant experience.

* Please place an asterisk next to the names of any contract pilots listed above.

Payload or Ground Equipment Physical Damage Coverage

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.
	<input type="checkbox"/> new <input type="checkbox"/> used		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> new <input type="checkbox"/> used		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Payload or Ground Equipment Physical Damage Coverage (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.
	<input type="checkbox"/> new <input type="checkbox"/> used		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> new <input type="checkbox"/> used		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Maintenance

Do you perform your own maintenance? Yes No

If yes, name of Maintenance Supervisor: _____ Number of years in this position: _____

Outside maintenance performed by: _____

Does the UAS undergo routine maintenance and testing in accordance with manufacturer’s guidelines? Yes No

Storage

Describe the security protecting the aircraft or payload including locks, alarms and personnel: _____

Non-Owned Aircraft

Do any employees (including pilots employed by the applicant) pilot UAS not owned by the applicant on the applicant’s business?
 Yes No If yes, describe usage: _____

Insurance & Claims History

Name of last aviation insurance carrier (if none, so state): _____

To the applicant’s knowledge, has any damage been sustained by, or have any claims been made by others that have arisen out of the operation of, **any aircraft or UAS** owned by or in the custody of the applicant? Yes No if yes, please provide details.

Claims History

Date of Occurrence	Amount Paid	Description of Loss
	\$	
	\$	
	\$	

If additional space is required, please attach a copy of the loss runs.

Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein with regard to any type of insurance? (NOT APPLICABLE IN MO) Yes No If so, explain circumstances: _____

Name of Insurance Producer: **Highland Aviation Insurance Agency, LLC**

Address: **28 Greendale Drive, Oak Ridge, NJ 07438**

All particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date _____ Applicant’s Signature (s) _____

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO EFFECT THIS INSURANCE.