

OLD REPUBLIC INSURANCE COMPANY

Unmanned Aerial Systems Insurance Application



Name of Applicant: _____
 Address: _____ Coverage Requested from: _____ To: _____
 Contact Info (E-mail): _____ Applicant Occupation: _____
 Name of Company: _____ Expiration Date of Coverage: _____
 Is the Applicant operating under Part 107, a waiver to Part 107 or a Section 333 Exemption: _____

UNMANNED AERIAL SYSTEMS (UAS):

#	Registration #	Serial Number	UAS Make and Model	Year	Insured Value	Liability Limit	Weight (Including add'l. equipment / payloads)
1					\$	\$	
2					\$	\$	
3					\$	\$	
4					\$	\$	

ADDITIONAL EQUIPMENT:

#	Registration #	Serial Number	Make and Model	Year	Insured Value
1					\$
2					\$
3					\$
4					\$

OPERATOR INFORMATION:

#	Name	Date of Birth	UAS Total Time	Make/Model Time	Certifications and Ratings	Training? If Yes, Describe	Losses / Waivers / Violations
1							
2							
3							
4							

OPERATIONS:

Operating Environment – select all that apply
 Rural Suburban Urban Open Water Desert Night Operations

Purpose of Use – select all that apply

<input type="checkbox"/> Aerial Advertising	<input type="checkbox"/> Crop Management	<input type="checkbox"/> Pipeline / Powerline
<input type="checkbox"/> Aerial Mapping	<input type="checkbox"/> Film Production	<input type="checkbox"/> Recreational / Hobby
<input type="checkbox"/> Aerial Photo / Video	<input type="checkbox"/> Flight Training / Educational	<input type="checkbox"/> Research & Develop. / Flight Testing
<input type="checkbox"/> Aerial Surveillance	<input type="checkbox"/> Infrastructure / Inspection	<input type="checkbox"/> Sales Demonstration
<input type="checkbox"/> Atmospheric / Weather Research	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Search & Rescue
<input type="checkbox"/> Concerts, Sports and Other Events	<input type="checkbox"/> Military	<input type="checkbox"/> Wildlife Conservation or Observation
<input type="checkbox"/> Crisis / Natural Disaster Support	<input type="checkbox"/> Newsgathering / Media	<input type="checkbox"/> Other: _____

	Yes	No	Details (if 'yes' is checked)
Is the Applicant a member of any UAS organizations?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant utilize UAS data management software?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Applicant own or lease any other aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the UAS be operated outside of the continental U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	
Will the UAS be utilized in any form of combat?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Applicant been involved with any UAS or aircraft related losses?*	<input type="checkbox"/>	<input type="checkbox"/>	

*The preceding question does not apply to Missouri applicants.

Name of Applicant: _____

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company, Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FLORIDA and OKLAHOMA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA and WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All particulars herein are true and complete to the best of my 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 this Company to investigate all or any qualifications or statements contained herein.

Applicant Signature: _____ Date: _____

**Authorized representative of applicant must sign.
The Applicant's agent may not sign this Application for the Applicant.**

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to affect this insurance.

Producer Name: _____	State Producer License No. (Req. in FL) <input style="width: 100px; height: 20px;" type="text"/>
Street: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Fax: _____
Signature: _____	Date: _____