

Entity/Owner Name:	Date:
Coverage Requested: <input type="checkbox"/> General Liability Limit \$_____ (\$25,000 provided) <input type="checkbox"/> Law Enforcement Liability \$_____ (no automatic coverage) <input type="checkbox"/> Physical Damage \$_____ (total of all) <input type="checkbox"/> Rental Reimbursement \$_____	

UAS MAKE/ MODEL	SERIAL NUMBER	GROSS WEIGHT	CONTROL* (M,S,F)	VALUATION	LIMIT** PROVIDE OCN OR RC	DEPARTMENT	INTENDED USE
				<input type="checkbox"/> ACV <input type="checkbox"/> RC			
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				<input type="checkbox"/> ACV <input type="checkbox"/> RC			
				<input type="checkbox"/> ACV <input type="checkbox"/> RC			

*M = Manual line of sight, S = Semi-Autonomous, F = Fully-Autonomous

**OCN/RC – include value of attached equipment

1. Have you obtained a Certificate of Waiver or Authorization (CoA) from the FAA? ☐ Yes ☐ No
2. Are all pilot(s)/operator(s) employees of the applicant? ☐ Yes ☐ No
3. Are the pilot(s)/operator(s) certified? ☐ Yes ☐ No

If "Yes", provide the following:

Pilot Name	Airman Certificate Number

If "No", provide the pilot/operator qualifications:

4. Has any pilot/operator ever been cited or fined for violation of an aviation regulation? ☐ Yes ☐ No
5. Estimate the number of hours the UAS is to fly in the next twelve (12) months? _____
6. Has the drone/UAS been involved in any incidents, accidents or claims in the past five (5) years? If "Yes, explain:"

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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