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## Film Drone Insurance Application

### General Information

|                                    |  |
|------------------------------------|--|
| Named Insured:                     |  |
| Select Entity Type:                |  |
| Country of Residence:              |  |
| Country of Registration:           |  |
| Primary Address, City, State, Zip: |  |
| Mailing Address, City, State, Zip: |  |
| Contact Person:                    |  |
| Phone / Fax:                       |  |
| Email:                             |  |
| Website:                           |  |
| Year Business Established:         |  |
| Federal ID Number:                 |  |
| Desired Coverage Effective Date:   |  |
| Description of Operations:         |  |

### Qualifying Questions

|   | Yes / No |
|---|----------|
| Will aircraft be operated under FAR Part 135?                             |          |
| Will aircraft be managed by another party (not Applicant)?                |          |
| Any Accidents/ Incidents in last 5-years?                                 |          |
| Will any production activities take place outside of the U.S. and Canada? |          |

# Film Drone Insurance Application

## Insurance History

|  |          |
|--|----------|
|  | Yes / No |
| Any insurance declined or cancelled in the past 3 years?       |          |
| If yes provide details:  |          |
|  |          |
| Any losses in the past 3 years? If yes, provide details below. |          |

| Policy / Line | Date of Loss | Description of Loss | Amount of Loss |
|---------------|--------------|---------------------|----------------|
|               |              |                     | \$             |
|               |              |                     | \$             |
|               |              |                     | \$             |

|  |          |
|--|----------|
|  | Yes / No |
| Any prior insurance coverage? If yes, provide details below. |          |

| Policy Type | Carrier | Policy # | Expiration Date | Premium |
|-------------|---------|----------|-----------------|---------|
|             |         |          |                 | \$      |
|             |         |          |                 | \$      |

## UAV (Aircraft Frame, Flight Controller, Structures)

| Serial Number/<br>ID: | Year | Make & Model | Specifications* | Insured Value | Liability Limit |
|-----------------------|------|--------------|-----------------|---------------|-----------------|
|                       |      |              |                 |               |                 |
|                       |      |              |                 |               |                 |
|                       |      |              |                 |               |                 |

\*Wingspan, Length, Max Weight, Payload Weight

## Base Station & Transmitter

| Serial Number/<br>ID: | Year | Make & Model | Specifications* | Insured Value |
|-----------------------|------|--------------|-----------------|---------------|
|                       |      |              |                 |               |
|                       |      |              |                 |               |
|                       |      |              |                 |               |

## Film Drone Insurance Application

### Payload (Sensor, Downlink, Gimbal)

| Serial Number/<br>ID: | Year | Make & Model | Specifications* | Insured Value |
|-----------------------|------|--------------|-----------------|---------------|
|                       |      |              |                 |               |
|                       |      |              |                 |               |
|                       |      |              |                 |               |
|                       |      |              |                 |               |

### Operational Questions

|  |  |
|--|--|
| Primary location the UAV(s) will be operated                             |  |
| Annual hours each UAV(s) will be operated                                |  |
| Maximum Endurance (flight duration) of UAV                               |  |
| Top Speed of UAV   |  |
| Primary means of control – line of sight or computer guided              |  |
| Does the UAV(s) have “auto-land” or “return to home” capability?         |  |
| How many UAV units does applicant own or operate?                        |  |
| How many UAV units will be operated at any one time?                     |  |
| Is the UAV powered by a gas or electric power plant?                     |  |
| Is the aircraft designed to deploy/ drop payload or other items?         |  |
| How long have the make & model(s) operated been flying?                  |  |
| Do you maintain a Build Log and Maintenance Log?                         |  |
| Do you maintain a Flight Log?  |  |
| Does the aircraft have an iOSD and recordable flight log?                |  |
| Does the aircraft have a remotely recordable flight log?                 |  |
| Will aircraft be operated over water? If yes, how many flights per year? |  |

## Film Drone Insurance Application

### Operational Questions (continued)

|   |  |
|---|--|
| Will aircraft ever be rented or leased to a third party?    |  |
| Do you have a formal safety program and procedure in place? |  |

### Aircraft Use Information

|                   |  |                    |  |
|-------------------|--|--------------------|--|
| Serial No. or ID: |  | Est. Annual Hours: |  |
| Serial No. or ID: |  | Est. Annual Hours: |  |
| Serial No. or ID: |  | Est. Annual Hours: |  |
| Serial No. or ID: |  | Est. Annual Hours: |  |

### Pilots

|   | Pilot 1 | Pilot 2 | Pilot 3 |
|---|---------|---------|---------|
| First Name  |         |         |         |
| Last Name   |         |         |         |
| Age   |         |         |         |
| FAA Pilot Certificates, if any                            |         |         |         |
| Total hours piloting general aviation aircraft (not UAVs) |         |         |         |
| Total hours piloting UAVs                                 |         |         |         |
| Total hours piloting this make and model aircraft         |         |         |         |
| Any accidents in the last 3 years while piloting?         |         |         |         |

## Film Drone Insurance Application

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_