



# UNMANNED AIRCRAFT (DRONE) LIABILITY ADDITIONAL INFORMATION REQUEST

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

## GENERAL INFORMATION

Proposed First Named Insured and Other Named Insureds:		Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	

## PART 1 INFORMATION – HIRED DRONE(S)

Complete if you are **hiring** drone(s) **from others** to perform your operations.

- Is the For-Hire entity compliant with federal, state, and local regulations? ..... Yes No
- Describe contractual liability requirements that are in place (i.e., limits of liability insurance, hold harmless/indemnification in your favor, primary non-contributory additional insured coverage):

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## PART 2 INFORMATION – OWNED OR NON-OWNED DRONE(S)

Complete if you have company **owned or non-owned** drone(s) for use in your business.

- Will all drone(s) be operated in compliance with federal, state, and local regulations? ..... Yes No
- Do all drone(s) have remote identification capabilities? ..... Yes No  
*If no, are the drones operating in an FAA Recognized Identification Area (FRIA)..... Yes No*
- Have any waiver(s) or special authorization(s) been requested for operation? ..... Yes No  
*If yes, provide a copy of the request and approval with required terms and conditions.*
- Does drone operation require prior authorization from Air Traffic Control (ATC)? ..... Yes No  
*If yes, has approval been granted by Low Altitude Authorization and Notification Capability (LAANC) or manually by ATC?..... Yes No*

7. For each drone provide the following:

Make and Model	Total Weight with Attachments	Maximum Speed	Maximum Altitude	Power Supply	Registration Number(s)	Category (1,2,3, or 4)	Max Flight Duration

Describe any drone modifications: \_\_\_\_\_

8. Describe drone technology (e.g., collision avoidance, geo-fencing, return to home controls):

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9. For each pilot, provide the following:

Pilot Name	Certification Number

10. Describe how the drone(s) will be used for your business operation:

\_\_\_\_\_

\_\_\_\_\_

11. Describe hours and frequency of use: \_\_\_\_\_

12. Describe the general location of operation (i.e., urban, rural, remote, or congested):

\_\_\_\_\_

13. Is there operation over people?..... Yes No

*If yes, what is the drone category (1,2,3, or 4) that is operating over people? \_\_\_\_\_*

14. Is there operation at night?..... Yes No

*If yes, is the drone(s) equipped with required lighting?..... Yes No*

15. Are there operations over moving vehicles?..... Yes No

*If yes, is the operation meeting FAA requirements?..... Yes No*

16. Is the drone(s) designed to deploy/drop payload? ..... Yes No

*If yes, describe: \_\_\_\_\_*

17. Do you have written practices in place for drone operations, including training, safe use, maintenance, equipment inspection requirements, accident reporting? ..... Yes No

18. Describe how images/data obtained during drone operations are stored.

\_\_\_\_\_

19. Will images/data be used outside of your company? ..... Yes No

20. Is written permission obtained for use of images/data? ..... Yes No

21. How long is this information retained? \_\_\_\_\_

22. If company owned drone(s) are being used to provide **services to others**, are you being required to sign a written contractual agreement with broad indemnification and additional insured requirements for others? ..... Yes No

23. Have there been any drone accidents?..... Yes No

*If yes, describe: \_\_\_\_\_*

24. Have there been any violations of federal, state, or local regulations in the last three (3) years?..... Yes No

*If yes, describe: \_\_\_\_\_*

**FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines, and confinement in prison, or any combination thereof.

**ARKANSAS, LOUISIANA, MARYLAND, RHODE ISLAND AND WEST VIRGINIA:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** 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 of the third degree.

**KENTUCKY:** 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.

**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 in Maine) include imprisonment, fines, and denial of insurance benefits.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

**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 with the penalty of 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 OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 civil penalties.

**SIGNATURES**

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a keypad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative  
Electronic Signature and Acceptance – Producer

**ADDITIONAL INFORMATION**

This area may be used to provide additional information to any question. Please reference the question number.