



3660 N Lake Shore Dr, Suite 2602, Chicago 60613

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?	

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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/ ID:	Year	Make & Model	Specifications*	Insured Value	Liability Limit

*Wingspan, Length, Max Weight, Payload Weight

Base Station & Transmitter

Serial Number/ ID:	Year	Make & Model	Specifications*	Insured Value

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Payload (Sensor, Downlink, Gimbal)

Serial Number/ 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?	

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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?			

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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: _____