



UNMANNED AERIAL SYSTEM (UAS) SUPPLEMENTAL APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY INSURANCE COMPANY (ALL APPLICANTS EXCEPT VIRGINIA) OR COLONY SPECIALTY INSURANCE COMPANY (VIRGINIA APPLICANTS) OR PELEUS INSURANCE COMPANY (ALL APPLICANTS EXCEPT ILLINOIS, VIRGINIA), AN AUTHORIZED SURPLUS LINES INSURER; OR ARGONAUT INSURANCE COMPANY OR ARGONAUT GREAT CENTRAL INSURANCE COMPANY, A LICENSED INSURER.

Applicant / First Named Insured: _____

Address: _____

Website: _____

Policy Number: _____ Effective Date: _____

1. What is the UAS Make/Model _____ Manufacturer's Serial Number _____

2. What type of UAS: Vertical Takeoff & Landing Fixed Wing Other: _____

3. What type of UAS Control: Manual Line of Sight Semi-Autonomous Fully-Autonomous

4. Description of all intended uses of the UAS:
[Empty text box]

5. Pilot/Operator Name(s): _____

6. Are all pilot(s)/operator(s) employees of the applicant? Yes No

7. Are the pilot(s)/operator(s) certified? Yes No

If "Yes", provide the following:

Table with 2 columns: Pilot Name, Airman Certificate Number. Contains 4 empty rows.

If "No", provide the pilot/operator qualifications:
[Empty text box]

8. Has any pilot/operator ever been cited or fined for violation of an aviation regulation? Yes No

9. Maximum Gross Take-Off Weight: _____

10. Maximum Operating Altitude: _____

11. Maximum Range: _____

12. Does the UAS have the ability to independently detect and avoid other aerial traffic and fixed objects? Yes No

13. Does the UAS have automated recovery program that allows for it safely return to a predetermined point in the event of loss of communication linked between the ground control system and the UAS? Yes No

14. Is the UAS equipped with a programmable altitude control? Yes No

15. Estimate the number of hours the UAS is to fly in the next twelve (12) months? _____

16. Have you obtained a Certificate of Waiver or Authorization (CoA) from the FAA? Yes No

17. Describe all incidents, accidents or claims involving the UAS in the past five(5) years:

18. Describe the Maintenance performed on the UAS:

FRAUD WARNING

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE