

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## UNMANNED AIRCRAFT SYSTEMS/DRONES APPLICATION SUPPLEMENTAL

In addition to the information contained on the insurance application, the following information is required when liability coverage is requested for unmanned aircraft systems (UAS)/ drones.

The information requested in this document is specifically designed to assist you with gathering information so that you may obtain a quote. The information gathered with this document is not intended to supplement or replace the insurance application. While completion of this document is not required, if you elect to use it, a copy should be kept in your file for the account.

Proposed First Named Insured & Other Named Insured(s):								
Mailing Address Street		City	County	State	ZIP Code			
INSURED INFORMATION								
1.	Insured is:	Owner/Operator	r Rents with an Operator	Yes 1	Vo			
	If rents with a	n operator, verify p	roper contractual liability risk	transfer is in place.				
2.	Does the insu	Does the insured have a FAA approved <b>commercial</b> UAS application?					No	
	FAA Application Number:							
3.	Does the pers	Does the person(s) operating the drone have a FAA approved remote pilot certificate?					No	
	Certification r	Certification number(s): Name of pilot:						
4.	Does the insu	Does the insured have any regulatory waiver or exemption requests?						
	Explain reason and approval requirements:							
GENERAL OPERATIONS								
1.	Describe unm	anned aircraft:		1			1	
	Make		Model	FAA Registration	# W	eight/	Max Speed	
2.		the purpose/use:						
	b. Location: (Urban, Residential, Rural, Remote, Over Public or Private Property, Over Buildings, Communication Towers, etc.)							
	c. Frequency of Use:							
	d. Average Duration of Flight:							
	e. Time of Day:							
	f. Project (if applicable):							
3.	Highest altitude of use: ☐ <200 ft. ☐ 200-350 ft. ☐ <400 ft. ☐ Over 400 ft.							
	If over 400, pr	ovide maximum alti	tude and purpose:					
						Ye	s No	
4.	Is visual line of sight of UAS maintained at all times during flight, with a visual observer?							
5.	Are 100% of flights documented?							
6.	Does the UAS have an on-board camera or other equipment (ex. sensors)?							
	If yes, describe	e permanently affixe	ed or integrated equipment a	and value:				
7.	Does the UAS	have the ability to o	carry cargo?				] 🗆	
	If yes, describe	e cargo that is carrie	ed:					
8.	Is the UAS launched or operated from a moving aircraft or vehicle?							
9.	If work is being performed for others, is written consent obtained from adjacent property owners?						] 🗆	
	Ensure Contra	actual Risk Transfer	s are in place, including inde	emnification and add	ditional insured	d		
	status. Ensure limits of insurance, at least equal to policy are in place.							

Are written emergency protocols and operational manuals in place and adhered to, including maintenance of fleet, regular inspections, proper storage of drone, pilot training, safety standards, and storage of audio/visual recording and written log of drone use?   Yes  No							
FRAUD STATEMENTS							
<b>FLORIDA:</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim of an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.							
<b>LOUISIANA and MAINE:</b> It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.							
Refer to the Core Application for all Fraud Statements.							
IMPORTANT NOTICE							
DECLARATION							
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.							
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.							
SIGNATURES							
Applicant Signature	Title	Date					
Producer Signature	Date						
Producer Name and Address							