

ABS Drone Apps

GENERAL INFORMATION		
Does the Insured already have their own Part 137 Certificate?	YES	NO
Does the UAV operator have any UAV spraying experience?	YES	NO
If YES, list number of flight hours: _____		
Does the Insured have any additional ag applications, meaning are there any other spraying exposures?	YES	NO
If YES, list (tractor or aircraft?):		
If the Insured does not have UAV ag spraying experience, do they have ANY ag spraying experience (booms, aircraft, etc.), list details:		
Does the Insured have any ag chem handling experience, list details:		
Does the Insured have a Certificate of Authorization from the FAA to operation the drone?	YES	NO
Does the Insured have any ag loss history?	YES	NO
If yes, list details:		
Please Note: A copy of your 4408 Exemption must be included with this application. Please include as an email attachment.		

Please fill out both attached applications on the following pages and then click below to email the completed application to ABS.

Agricultural Aircraft Application

PURPOSE OF USE – Check All Applicable Uses			
<input type="checkbox"/> Pleasure	<input type="checkbox"/> Business (not flown by professional pilots employed for this purpose)	<input type="checkbox"/> Instruction	<input type="checkbox"/> Rental (Comm'l)
<input type="checkbox"/> Corporate – Executive (flown only by professional pilots employed for this purpose)		<input type="checkbox"/> Flying Club	<input type="checkbox"/> Photography
<input type="checkbox"/> Passenger Carrying for Hire (Charter/Air Taxi)	<input type="checkbox"/> Air Ambulance (Charter/Air Taxi)	<input type="checkbox"/> Freight Carrying (Charter/AirTaxi)	
<input type="checkbox"/> Pipeline/Powerline Patrol	<input type="checkbox"/> Banner Towing	<input type="checkbox"/> Aerial Application (see below)	
List all other uses not indicated above (explain):			

AERIAL APPLICATION ONLY: fill out this section only if “Aerial Application” is checked in PURPOSE OF USE above.
List all states where you conduct aerial application:
Describe applications violation of any law or regulation governing aerial application operations:
Describe any owned/operated ground spraying equipment and type of use:
Show the percentage each represents to the total:
Application of Glyphosate: _____% Piclorams: _____% Hormone Herbicides: _____% Insecticides: _____%
Orchards/Groves: _____% Vineyards: _____% Forest/Tree Farms: _____% Fruits/Vegetables: _____%
Other (list): _____; _____% Other (list): _____; _____%

Name of last Aircraft insurance carrier (if none so state):	Exp. Date:
Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if none), which occurred in the last five years:	
Has any Insurance Company or Underwriter at any time declined an aircraft application submitted by or cancelled or refused to renew an aircraft policy held by the applicant or any of the pilots named herein? YES NO	
If yes, explain (note: Missouri applicants, Do Not Respond):	

Application For Hull and Liability Insurance Unmanned Aircraft Systems

APPLICANT IS:	<input type="checkbox"/> INDIVIDUAL(S)	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PUBLIC ENTITY	<input type="checkbox"/> OTHER
NAME OF APPLICANT (Including all affiliated names or Companies):						
CONTACT NAME (Who should we talk to if we have any questions):						
ADDRESS:						
EMAIL ADDRESS:			PHONE NUMBER:		APPLICANT WEBSITE:	
INSURANCE IS REQUESTED FROM 12:01 A.M.			TO 12:01 A.M.		(local time at address of applicant)	
<input type="checkbox"/>	NEW INSURANCE POLICY	<input type="checkbox"/>	RENEWAL POLICY	Name of last aviation insurance carrier (if none, so state):		
BUSINESS OR OCCUPATION OF APPLICANT:						

Operations

Will the UAS be operated only in the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the UAS be operated in accordance with FAA regulations at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the UAS be operated indoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the UAS be operated over any persons not directly participating in the operation of the UAS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you utilize a Standard Operating Procedure manual? If yes, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to publish by any means data or images that were obtained or created by the operation of any UAS operated by you or on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have procedures to control the publication of data or images? If yes, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select all intended uses of the UAS:		
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Construction Support	<input type="checkbox"/> Educational Research / Development
<input type="checkbox"/> Energy Infrastructure / Inspection / Support	<input type="checkbox"/> Events (Concerts / Sports / Weddings etc)	<input type="checkbox"/> Fire Fighting / Support
<input type="checkbox"/> Instruction and Training	<input type="checkbox"/> Mapping / Geophysical	<input type="checkbox"/> Media / News Gathering
<input type="checkbox"/> Military	<input type="checkbox"/> Movie / Film production	<input type="checkbox"/> Other Commercial Photography / Videography
<input type="checkbox"/> Package Delivery	<input type="checkbox"/> Police	<input type="checkbox"/> Private / Hobby
<input type="checkbox"/> Property Survey / Inspection / Real Estate	<input type="checkbox"/> Sales / Demo	<input type="checkbox"/> Search and Rescue
<input type="checkbox"/> Surveillance	<input type="checkbox"/> Wildlife / Conservation	
<input type="checkbox"/> Other. Please describe any other uses:		

Insurance & Claims History

Do any of the operators named above have any medical waivers other than corrective lenses or color blindness?	Yes		No
In the last 3 years, have any of the operators named above (a) been cited for violation of any FAA regulations, or (b) had their pilot's or driver's license suspended or (c) been convicted of driving while intoxicated or (d) of any felony charge?	Yes		No
In the last 3 years, have you been involved in any aircraft or UAS accidents or incidents?	Yes		No
Please provide the details if you answered "Yes" to any of the above questions.			

List all operators of the applicant's UAS, both employed and contract:

Name	Date of Birth	Pilot Certification	Remote Pilot Airman Certificate		Total UAS Flight Hours	Total UAS Model Flight Hours
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

If you operate multiple UAS and use multiple operators, please attach the minimum experience and training applicable to each type of UAS flown.

Schedule

Equipment that you own or that you rent/lease for more than 30 days

UAS Make and Model Excluding payload/ground equipment	Manufacture Year	Registration / Serial Number	UAS Insured Value	Estimated annual flight hours	Physical Damage Coverage required?	
					Yes	No
			\$		Yes	No
			\$		Yes	No
			\$		Yes	No

Equipment that you own or that you rent/lease for more than 30 days for which coverage is required

UAS Ground Equipment Make and Model and/or System and Software	Serial Number	Insured Value
		\$
		\$
		\$
UAS Payload Make and Model	Serial Number	Insured Value
		\$
		\$
		\$

Spare Engines and Spare Parts which are owned by you or for which you are legally responsible

Is Physical Damage Coverage to Spare Engines and Spare Parts Required?	Yes	No	Total Maximum Insured Value \$

Non-Owned Physical Damage Coverage

Do you require insurance for any UAS that you do not own but which you will operation for periods of less than 30 days?	Yes	No	Total Maximum Insured Value \$
Do you require any insurance for any items of payload that you do not own but which you will be using for periods of less than 30 days?	Yes	No	Total Maximum Insured Value \$

War, Hi-Jacking and Other Perils Physical Damage Coverage

This affords insurance for physical damage arising from, occasioned by or in consequence of war, hi-jacking and other perils such as malicious damage, sabotage or any unlawful seizure or wrongful exercise of control of the aircraft.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is War Physical Damage coverage required?		

Liability Coverage

LIMITS OF INSURANCE	EACH OCCURRENCE LIMIT
Single Limit Bodily Injury and Property Damage Liability: Also includes Liability arising from: <ul style="list-style-type: none"> • occasioned by or in consequence of war hi-jacking and other perils • the operation of UAS you rent/lease/borrow for periods of less than 30 days • UAS operated on your behalf by others 	\$
Personal Injury Liability:	\$

Acts of Terrorism under the TRIPRA

Coverage for Acts of Terrorism under the Terrorism Risk Insurance Program Reauthorization Act of 2007 and 2015 (TRIPRA). Coverage provided for bodily injury and property damage for which you may be liable for certified acts of terrorism.	This coverage is automatically quoted if the below box is left unchecked. I wish to decline TRIPRA Coverage:
Has any insurance company or underwriter at any time declined an application submitted by or canceled or refused to renew a policy held by the applicant or any of the pilots named herein regarding any type of insurance? If yes, explain circumstances:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

FRAUD STATEMENTS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA and OKLAHOMA

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 (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN 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 include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN 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 by 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 particulars herein are declared to be true and complete to the best of my/our knowledge and no information has been withheld or suppressed and I/we agree that this application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the insurer. I hereby authorize the insurer to investigate all or any qualifications or statements contained herein.

Date:

Applicant's Signature(s):

THIS APPLICATION DOES NOT COMMIT THE INSURER TO ANY LIABILITY NOR MAKE THE APPLICANT LIABLE FOR ANY PREMIUM UNLESS AND UNTIL THE INSURER AGREES TO AFFECT THIS INSURANCE.

THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.

Name of Insurance Producer:	
State License Number:	License State:
Address:	
For how long have you been designated this applicant's Broker of Record?	