

Plimsoll Specialty Markets, LLC

UAS / UAV APPLICATION

APPLICANT INFORMATION

Applicant: _____

Address: _____

City: _____

State: _____ Zip: _____

Effective Date: _____ Expiration date: _____

Applicant's Business: _____

Current Insurance Carrier: _____

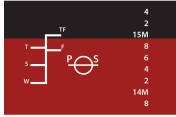
Limits of Liability Requested: _____

UAV / UAS INFORMATION

Serial Number or ID	Year	Make & Model	Insured Value	Liability Limit	Specifications Wingspan / Length / Weight

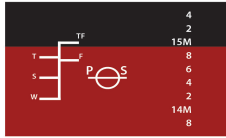
OPERATOR

Operator Name	Time Flying Types of Equipment	Operator has Completed Formal UAV/UAS Training	Pilot is: Employee of the Applicant, Contracted Pilot or Other



Is the Applicant a Manufacturer or End User:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Applicant currently hold an FAA Certificate of Authorization (COA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Applicant own or exclusively lease any other aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will anyone other than named operators operate the UAV/UAS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Applicant ever had insurance denied or cancelled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Applicant or named operator ever had any incidents, accidents or violations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has Applicant or operator ever had any felony convictions or license suspensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide training in the operation of UAV/UAS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain all YES answers _____		

Annual Hours each UAV/UAS will be operated:	_____
Maximum Endurance (flight duration) of UAV/UAS:	_____
Top Speed of UAV/UAS:	_____
Primary means of control – line of sight or computer guided:	_____
Does UAV/UAS have “auto-land” or “return home” capability:	_____
How many UAV/UAS units does the applicant own or operate:	_____
How many UAV/UAS units will be operated at any one time:	_____
How is UAV/UAS unit powered – gas or electric:	_____
UAV/UAS maintenance provided by:	_____
Will UAV/UAS be used outside of the continental United States	_____



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5 Year Loss History (attach loss runs if available):
Have you completed a formal ground and flight school (Include FAA Ground School):
Do you Maintain a Build Log and Maintenance Log:
Do you Maintain a Flight Log:
Does the UAV/UAS have an iOSD and recordable flight log? Does the UAV/UAS have a remotely recordable flight log?
Will the UAV/UAS be operated over water? If so, how often (average number of flights per year) ?
Will the UAV/UAS ever be rented or leased to a third party?
Do you have a formal safety program and procedure in place?

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO D.C. APPLICANTS: 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 of false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: 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 may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

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

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to a risk may be found guilty if insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 conceal 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 civil and criminal penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

THE APPLICATION REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO NEW YORK APPLICANTS: 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 be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Signature: _____
Date: _____
Title: _____

The Applicant does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.