

☐ **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

☐ **Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 18700 North Hayden Road
Scottsdale, Arizona 85255

UNMANNED AIRCRAFT SYSTEM (UAS) APPLICATION

(Complete in addition to the ACORD Property Application)

Applicant's Name: _____

Mailing Address: _____

Location Address: _____

Agency Name: _____

Agent No.: _____

Address: _____

E-mail: _____

Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Limited Liability Company
☐ Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

GENERAL INFORMATION

1. **Applicant's Business:** _____ Number of Years in Business: _____

2. **Describe what UAS(s) will be used for:** _____

3. **Description of component parts of the unmanned aircraft*:**

Year	Make and Model	Serial Number or ID	Specifications	Value

* Unmanned Aircraft means the flying portion of the system, either fixed-wing or rotary-wing and flown by a ground control system, or autonomously through the use of an onboard computer, communication links and any additional equipment that is necessary for the unmanned aircraft to operate safely.

4. Description of the component parts of the unmanned aircraft system support equipment:**

Year	Make and Model	Serial Number or ID	Specifications	Value

** Unmanned aircraft support equipment means control station, data links, telemetry, communication and navigation equipment necessary to operate the unmanned aircraft. Desktop or laptop computers and cellular phones are not considered support equipment.

5. Requested Inland Marine Limits of Insurance and Deductible for scheduled UAS(s):

- a. Per Item:..... \$ _____
- b. Per Schedule:..... \$ _____
- c. Deductible: \$ _____

6. Requested Unmanned Aircraft System Liability Extension limits:

- ☐ \$50,000 Occurrence, \$100,000 Aggregate
- ☐ \$100,000 Occurrence, \$300,000 Aggregate
- ☐ \$250,000 Occurrence, \$500,000 Aggregate
- ☐ \$1,000,000 Occurrence, \$2,000,000 Aggregate

7. Are UAS(s) operated in accordance with applicable Federal Aviation guidelines? ☐ Yes ☐ No
8. Does the applicant use the FAA's mobile application B4UFLY, or similar? ☐ Yes ☐ No
9. Does the UAS(s) have "auto-land" or "return to home" capability? ☐ Yes ☐ No
10. All pilots over the age of eighteen (18)? ☐ Yes ☐ No
11. Are all pilots familiar with, and obey, state and local ordinances? ☐ Yes ☐ No
12. Applicant Hired for drone operations only (with operator), either full-time or incidental? ☐ Yes ☐ No
- Provide details for any "No" responses above: _____

13. Does applicant own or operate any UAS(s) weighing more than fifty-five (55) pounds? ☐ Yes ☐ No
14. Will the aircraft ever be rented or leased to a third party? ☐ Yes ☐ No
15. Is applicant involved in manufacturing, installation, services, repair or toy drone manufacturing? ☐ Yes ☐ No
16. Does applicant have any Non-Owned UAS exposure? ☐ Yes ☐ No
17. Does applicant provide any type of training in the operation of a UAS? ☐ Yes ☐ No
18. Does applicant have a Certificate of Waiver or authorization from the Federal Aviation Administration? ☐ Yes ☐ No
- Provide details for any "Yes" responses above: _____

19. UAS(s) will be operated:

- a. Within five miles of any airport: ☐ Yes ☐ No
- b. Outside the operator's line of sight: ☐ Yes ☐ No
- c. Under covered structure or within enclosed structure: ☐ Yes ☐ No
- d. At nighttime: ☐ Yes ☐ No

- e. In B, C, D, or E airspace: ☐ Yes ☐ No
- f. Within one hundred (100) feet of the public: ☐ Yes ☐ No
- g. Over any persons: ☐ Yes ☐ No
- h. For drone services without an operator: ☐ Yes ☐ No
- i. For any personal use: ☐ Yes ☐ No
- j. For application of chemicals: ☐ Yes ☐ No
- k. To carry packages or other payloads: ☐ Yes ☐ No

Provide details for any "Yes" responses above: _____

20. How many UAS units does the applicant own or operate? _____
21. How many UAS units will be operated at any one time, per pilot? _____
22. Primary location(s) the UAS(s) will be operated: _____
23. What is the maximum altitude at which each UAS(s) will be operated? _____
24. Annual hours each UAS(s) will be operated: _____
25. Top speed of UAS(s): _____
26. Name of pilots (Include experience operating this type of equipment):

Pilot Name	Experience Flying This Type of Equipment

27. Will anyone other than named pilots operate the insured UAS? ☐ Yes ☐ No
- If "Yes," please provide details: _____

28. Primary means of control: ☐ Line of Sight ☐ Computer Guidance

29. Are drone operations for or by or contracted to:

	None	or Percentage
Law enforcement, government, military, jails and/or penitentiaries		
Firefighting		
Rescue missions		
Oil or gas operations or energy industry mapping or monitoring		
Inspection of pipelines or electrical towers		
Filming of crowds by news organizations or motion pictures, including professional sporting events		

If a given percentage to any of the above, please explain: _____

30. List any additional information attached with this application: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 if 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 insurer 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 KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

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 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 knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS: A person who 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 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: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.