# Nason Associates, Inc.

## **Unmanned Aircraft Systems**

## Application

APPLICANT IS: INDIVIDUAL(S) CORPORATION LLC PARTNERSHIP PUBLIC ENTITY OTHER								
NAME OF APPLICANT (Including all affi	liated nam	nes or (	Companies):					
CONTACT NAME (Who should we talk to if we have any questions):								
ADDRESS:								
EMAIL 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)							plicant)	
NEW INSURANCE POLICY RENEWAL POLICY Name of last aviation insurance carrier (if none, so state);								
BUSINESS OR OCCUPATION OF APPLICANT:								
Operations								
Will the UAS be operated in accordance	with appli	icable ı	regulations at all times?			□ Y	es 🗆 No	
Will the UAS be operated indoors in proximity to any persons and directly participating in its operation?						☐ Yes ☐ No		
Will the UAS ever be intentionally operate	ted over a	ny pers	sons not directly participating	in its or	peration	ПУ	es 🗆 No	
without an appropriate waiver?								
Do you have procedures to control the publication of data or images?						☐ Yes ☐ No If yes please attach		
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?						□ Y	es No	
Please select all intended uses of the UAS:								
☐ Agriculture ☐ Construction						☐ Educational Research / Development		
☐ Infrastructure / Inspection / Support ☐ Events (Concerts / Sports / Weddings etc)					:)	☐ Fire Fighting / Support		
☐ Instruction and Training ☐ Law Enforcement						☐ Mapping / Geophysical		
☐ Media / New Gathering ☐ Military ☐ Movie / TV Production								
☐ Commercial Photography / Videography ☐ Package Delivery						☐ Private / Hobby		
☐ Property Survey / Inspection / Real Estate ☐ Sales / Demo						☐ Search and Rescue		
Surveillance	Surveillance							
					·			
List all operators of the applica	nt's UA	S, bo	th employed and cont	ract f	or UAS	weigh	ing 55 lbs and	
Name	Date of	Birth	Pilot Certification		mote Pilot an Certific		Total UAS Flight Hours	Total UAS Model Flight Hours
					'es □ N		riouis	3
					′es □ N			
If you operate multiple UAS and use multiple operators, please attach the minimum experience and training applicable to each type of UAS flown								
UAS OPERATORS								
Will all operations be conducted:  (a) By operators holding a valid Report Pilot Airman Certificate with Smal UAS Rating, or  (b) Under Section 333 of the FAA Modernization and Reform Act of 2012, or  (c) Under a Certificate of Authorization or Waiver (public entities only)?  Select 'Yes' if you will be in compliance with one of the above before policy inception.								

6811 Shawnee Mission Parkway, #312, Overland Park, KS 66202

Physical damage coverage also includes physical damage arising from, occasioned by or in consequence of war, hi-jacking and other perils such as malicious damage, sabotage or any unleavful seizure or wrongful exercise of control of the aircraft.  Equipment that you own or that you prentylease for more than 30 days for which coverage is required  UAS Ground Equipment  Make and Model and/or System and Software  Serial Number  Serial Number  Insured  V a l u e  UAS Payload  Make and Model  Serial Number  Insured  V a l u e  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 \$	Pilot Certification	Minimum T UAS Flight I		Minimum Tot Model Flight					
Do any of the operators have any medical waivers other than corrective lenses or color blindness?   Yes   No in the lest 3 years, have any of the operators (a) been cited for violation of any FAA regulations, or (6) had their pilot's or   Yes   No divers's license suspended or (c) been convoked of divining while insoluted or (f) of any felony change?   No divers's license suspended or (b) enconvoked of the other pilot's or   Yes   No   No Pilosea provide the details if you answered "Yes" to any of the above questions.  Schodule  Engineers that you own or that you rent/lease for more than 30 days  Schodule Sequences that you own or that you rent/lease for more than 30 days  Schodule Sequences that you own or that you rent/lease for more than 30 days  Schodule Sequences that you was sequenced to the sequence of war, hi-jacking and other perils such as malicious damage, sabotage or any unlawful seture or wrongful exercise of control of the aircraft.  Equipment that you own or that you rent/lease for more than 30 days for which coverage is required.  Make and Model Sequences Sequences of war, hi-jacking and other perils such as malicious damage, sabotage or any unlawful seture or wrongful exercise of control of the aircraft.  Equipment that you own or that you rent/lease for more than 30 days for which coverage is required.  Make and Model Sequences Sequences of war, hi-jacking and other perils such as malicious damage, sabotage or any unlawful seture or wrongful sequences.  Separe 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 \$  Do you require insurance for any Visa May to the sequence of yes, hi-jacking and other perils by said from your perils and your perils and your perils and years of physical Damage Coverage  War, hi-jacking and other perils Physical Damage Coverage  War, hi-jacking and other perils Physical Damage Coverage  War, hi-jacking and other perils per									
Do any of the operators have any medical waivers other than corrective lenses or color blindness?   Yes   No   In the last 3 years, have any of the operators (a) been clared for violation of any FAA regulations, or (6) had their pilot's or   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 operators.  Schodule Equipment that you own or that you rent/lease for more than 30 days  Schodule Payload (a)   Manufacture   Registration / Serial   UAS Insured   Stimated annual   Physical Damage   Physical damage arising from, occasioned by or in consequence of war, hi-jacking and other perils such as malicious damage, sabotage or any unlawful setzure or wrongful exercise of control of the aircraft.  Spare Engines and Spare Parts which are owned by you or for which you are legally responsible   Is Physical Damage Coverage   Serial Number   Value   Insured   Name   N	Insurance & Claims History								
In the last 3 years, have any of the operators (a) been cited for violation of any FAA regulations, or (b) had their pilot's or directive is license suspended or (c) been convicted of driving while infloxicated or (d) of any fellory charge?  In the last 3 years, have you been involved in any aircraft or UAS accidents or incidents?  Please provide the details if you answered "Yes" to any of the above questions.  Schedule  Equipment that you own or that you rent/lease for more than 30 days  GuS Make and Model  Was Manufacture  Year  Manufacture  Registration / Scriel  Value  UAS Insured  Flight hours  Physical Damage Excluding payload/ground equipment  Year  Number  Number  Walue  Estimated annual  Physical Damage Coverage required  Coverage required  UAS Ground Equipment  UAS Ground Equipment  UAS Flow on that you own or that you rent/lease for more than 30 days for which coverage is required  UAS Ground Equipment  UAS Flow on that you rent/lease for more than 30 days for which coverage is required  UAS Flow of Equipment  UAS Flow on the stream of Software  UAS Flow of Equipment  Walue  UAS Payload  Make and Model  Serial Number  UAS Insured  UAS Flow of the aircraft.  Equipment that you own or that you rent/lease for more than 30 days for which coverage is required  UAS Flow of Equipment  Walue  UAS Flow of The aircraft  Serial Number  Value  UAS Flow of the aircraft  Serial Number  Value  UAS Flow of the aircraft  Value		cal waivers other	than corre	ective lenses or o	olor blind	ness?			l Yes □ No
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UAS Make and Model	Schedule								
Excluding payload/ground equipment  Year  Number  Value  Flight hours  Coverage required  Number  Value  Flight hours  Coverage required  Coverage required  Flight hours  Flight hours  Coverage required  Flight hours  Flight hours  Flight hours  Coverage required  Flight hours  Flight hours  Flight hours  Flight hours  Flight hours  Flight hours  Coverage required  Flight hours  Flight hou					LIAC	Incured	Estimated annu	ıal	Physical Damage
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Non-Owned Physical Damage Coverage  Do you require insurance for any UAS that you do not own but which you will operate for periods of less than 30 days?  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?  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 such as malicious damage, sabotage or any unlawful seizure or wrongful sexercise of control of the aircraft.  Liability Coverage  LIMITS OF INSURANCE  Single Limit Bodily Injury and Property Damage Liability: Also includes Liability arising from:					•				
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			k Insurano	ce Program Reau	thorizatio	n Act of 200	7 and 2015 (TRIP	RA). Co	overage provided
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	for bodily injury and property damage	for which you ma	ay be liable	e for certified ac	ts of terro	rism.			
	Has any insurance company or underv	vriter at anv time	declined a	an application su	hmitted h	v or cancele	d or refused to rer	new a i	policy held by the

If so, explain circumstances:

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### 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

For how long have you been designated this applicant's Broker of Record?

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(S) 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 <i>mylour</i> knowledge and no information has been withheld or suppressed and IIwe 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 EFFECT THIS INSURANCE.  THE INSURANCE PRODUCER COMPLETES THE BELOW SECTION.						
Name of Insurance Producer:						
State License Number:	State License Number: License State:					
Address:						