



**DRONE/UNMANNED AIRCRAFT SYSTEM
(UAS) SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity/Owner Name: _____ **Date:** _____

Coverage Requested:

General Liability Limit \$ _____ (\$25,000 provided)

Law Enforcement Liability \$ _____ (no automatic coverage)

Physical Damage \$ _____ (total of all)

Rental Reimbursement \$ _____

UAS MAKE/ MODEL	SERIAL NUMBER	GROSS WEIGHT	CONTROL* (M,S,F)	VALUATION	LIMIT** PROVIDE OCN OR RC	DEPARTMENT	INTENDED USE
				<input type="checkbox"/> ACV <input type="checkbox"/> RC			
				<input type="checkbox"/> ACV <input type="checkbox"/> RC			
				<input type="checkbox"/> ACV <input type="checkbox"/> RC			
				<input type="checkbox"/> ACV <input type="checkbox"/> RC			

*M = Manual line of sight, S = Semi-Autonomous, F = Fully-Autonomous **OCN/RC – include value of attached equipment

- Have you obtained a Certificate of Waiver or Authorization (CoA) from the FAA? Yes No
- Are all pilot(s)/operator(s) employees of the applicant? Yes No
- Are the pilot(s)/operator(s) certified? Yes No

If "Yes", provide the following:

Pilot Name	Airman Certificate Number

If "No", provide the pilot/operator qualifications:

- Has any pilot/operator ever been cited or fined for violation of an aviation regulation? Yes No
- Estimate the number of hours the UAS is to fly in the next twelve (12) months? _____
- Has the drone/UAS been involved in any incidents, accidents or claims in the past five (5) years? If "Yes, explain:"

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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