



**UNMANNED AERIAL SYSTEM (UAS)
SUPPLEMENTAL APPLICATION
NEW YORK**

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

Entity Name	Date
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1. What is the UAS Make/Model _____ Manufacturer's Serial Number _____
2. What type of UAS: Vertical Takeoff & Landing Fixed Wing Other: _____
3. What type of UAS Control: Manual Line of Sight Semi-Autonomous Fully-Autonomous

4. Description of all intended uses of the UAS:

5. Pilot/Operator Name(s): _____

6. Are all pilot(s)/operator(s) employees of the applicant? Yes No

7. 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:

8. Has any pilot/operator ever been cited or fined for violation of an aviation regulation? Yes No

9. Maximum Gross Take-Off Weight: _____

10. Maximum Operating Altitude: _____

11. Maximum Range: _____

12. Does the UAS have the ability to independently detect and avoid other aerial traffic and fixed objects? Yes No
13. Does the UAS have automated recovery program that allows for it safely return to a predetermined point in the event of loss of communication linked between the ground control system and the UAS? Yes No
14. Is the UAS equipped with a programmable altitude control? Yes No
15. Estimate the number of hours the UAS is to fly in the next twelve (12) months? _____
16. Have you obtained a Certificate of Waiver or Authorization (CoA) from the FAA? Yes No
17. Describe all incidents, accidents or claims involving the UAS in the past five (5) years:

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18. Describe the Maintenance performed on the UAS:

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THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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