



**UNMANNED AIRCRAFT LIABILITY
 SUPPLEMENTAL APPLICATION**

SEND SUBMISSIONS TO:
submissions@euclidsecurityins.com

Disclosure: Unmanned Aircraft application can only be provided in conjunction with an application for Security Guard, Private Detective, Alarm or Suppression General Liability coverage.

PRODUCT	
1. Unmanned Aircraft: <input type="checkbox"/> Owned by Applicant <input type="checkbox"/> Not Owned by Applicant	Limits Requested: \$ _____
PRODUCER	
2. Producer Name:	
3. Producer Contact:	
4. Street Address:	
Mailing Address (if different):	
5. Email Address:	
6. Phone:	
APPLICANT	
7. Applicant – Legal Name:	
List all DBAs:	
8. Street Address:	
Mailing Address (if different):	
Please list any prior company names:	
9. Policy Effective Date Desired:	

UNMANNED AIRCRAFT QUESTIONS	
10. Is Applicant compliant with all U.S. FAA Part 107 Small Unmanned Aircraft Operation Limitations to legal operate an unmanned aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	

11. Does Applicant's operation of unmanned aircraft require a U.S. FAA Part 107 waiver or authorization?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what are the restrictions that require a waiver or authorization?					
If yes, has Applicant received a written waiver or authorization from the U.S. FAA?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Has Applicant registered any unmanned aircraft with the U.S. FAA?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does Applicant use the U.S. FAA's B4UFLY smartphone app, or similar tool, to determine if it is safe to operate an unmanned aircraft in the area?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. What is the distance between the Applicant's area of operation and the nearest airport?				_____ miles	
15. How many unmanned aircraft does Applicant own or operate?					
16. If Applicant operates more than one unmanned aircraft, are the models/uses similar?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please complete separate application for each model/use.					
17. What are the states of operation for Applicant's unmanned aircraft?					
18. Indicate general location for the operation of unmanned aircraft:					
Urban:	%	Suburban:	%	Rural:	%
Property of others:	%	Near property of others:	%	Not near property of others:	%
19. Indicate if Applicant will use unmanned aircraft in the following areas of public concentration:					
<input type="checkbox"/> City center / Downtown areas		<input type="checkbox"/> Festivals			
<input type="checkbox"/> Stadiums or Arenas		<input type="checkbox"/> Exhibition Halls			
<input type="checkbox"/> Sporting Events		<input type="checkbox"/> Concerts			
<input type="checkbox"/> Other: _____		<input type="checkbox"/> None of the above			
20. Manufacturer / Model:					
21. Ownership:		<input type="checkbox"/> Owned	<input type="checkbox"/> Lease / Rented	<input type="checkbox"/> Neither	
22. Business or Service:		<input type="checkbox"/> Used in your own business		<input type="checkbox"/> As a service to others	
23. Design Platform:		<input type="checkbox"/> Fixed Wing		<input type="checkbox"/> Rotary Wing	
24. Maximum Operating Weight:		_____ Pounds	_____ Ounces	_____ Kilograms	
25. Maximum Operating Altitude:		_____ Feet above ground level			
26. Use Category:					
<input type="checkbox"/> Photo / Video		<input type="checkbox"/> Inspections / Surveys		<input type="checkbox"/> Job Site <input type="checkbox"/> Surveillance	
<input type="checkbox"/> Pipeline Patrol		<input type="checkbox"/> Communication		<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Search / Rescue	
<input type="checkbox"/> Other: _____					
27. Does the unmanned aircraft have a failsafe "return to home" feature?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Frequency of use?		_____ Uses per month			
29. Time of use?		<input type="checkbox"/> Day <input type="checkbox"/> Night			

30. Operation Procedures:		
<input type="checkbox"/> Maintenance schedule	<input type="checkbox"/> Prepare a mission plan	<input type="checkbox"/> Pre-flight inspection <input type="checkbox"/> Check weather
<input type="checkbox"/> Use a visual observer	<input type="checkbox"/> Hold a debriefing	<input type="checkbox"/> Maintain flight log
31. When unmanned aircraft is operated over others' property, is their permission obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not used on others' property
If yes, is their written permission obtained to capture data or images?		<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Are images or data of third parties captured during the operation of the unmanned aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe the intended use of images or data:		
If yes, where are images or data stored and for how long:		
If yes, are images or data publicized or shared with others outside Applicant's organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Accident / Violation History		
During the last 5 years, has Applicant or the operator had any accidents involving unmanned aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No
During the last 5 years, has Applicant or the operator had any complaints involving unmanned aircraft over others' property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
During the last 5 years, has Applicant or the operator been cited for violation of any federal, state, or local laws or regulations applicable to unmanned aircraft?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		
34. How many "pilot in command" operators do you have?		_____
35. Does each of Applicant's pilot in command operators hold an U.S. FAA remote pilot airman certificate with a small UAS rating?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is the operator of the unmanned aircraft under the direct supervision of an individual who does?		<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Does Applicant permit other persons or organizations to operate unmanned aircraft on Applicant's premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Does Applicant hire subcontractors who use unmanned aircraft in the work they perform for or on Applicant's behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is Subcontractor compliant with U.S. FAA Part 107 including waivers or authorizations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are Subcontractor unmanned aircraft operators certified U.S. FAA remote pilots?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant use a written contract with indemnification language for all of your subcontractors? (if yes, please attach a copy)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant obtain Certificates of Insurance from all of your subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Applicant always added as an additional insured by your subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, give a percentage:		%
Indicate contractually required minimum liability per occurrence limit of insurance:		<input type="checkbox"/> Less than \$1,000,000 <input type="checkbox"/> \$1,000,000 or more

FRAUD NOTICE

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, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA 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 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 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.

NOTICE TO DISTRICT OF COLUMBIA 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 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.

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 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 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 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 any 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 knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

*** ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature and Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.