



DIVERSIFIED INSURANCE PLUS LLC

UNMANNED AIRCRAFT SYSTEM (UAS) APPLICATION for MA & NH Only

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: Diversified Insurance Plus LLC
 Agent No.: MA95003036 9148 MA01
 Address: 10 Winter Hill Road, Lunenburg MA 01462
 E-mail: Service@DiversifiedInsurancePlus.com
 Phone No.: (978) 582-3490 | FAX No.: (978) 633-0199

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 on-board 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. Inland Marine Limits of Insurance and Deductible for scheduled UAS(s):

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

6. Are UAS(s) operated in accordance with applicable Federal Aviation guidelines? Yes No

7. Does applicant have a Certificate of Waiver or authorization from the Federal Aviation Administration? Yes No

8. How many UAS units does applicant own or operate? _____

9. How many UAS units will be operated at any one time?..... _____

10. Primary location the UAS(s) will be operated: _____

11. Will the UAS(s) ever be operated within five miles of an airport? Yes No

If yes, explain: _____

Names of airport(s): _____

12. What is the maximum altitude at which each UAS(s) will be operated? _____

13. Annual hours each UAS(s) will be operated:..... _____

14. Top speed of UAS(s): _____

15. Primary means of control: Line of Sight Computer Guidance

16. Will UAS(s) be operated outside the operator’s line of sight? Yes No

If yes, explain: _____

17. Does the UAS(s) have “auto-land” or “return to home” capability?..... Yes No

18. Does applicant own or operate any UAS(s) weighing more than fifty-five (55) pounds? Yes No

If yes, explain: _____

19. Will UAS(s) be operated within buildings? Yes No

If yes, explain: _____

20. Will UAS(s) be operated within one hundred (100) feet of the public?..... Yes No

If yes, explain: _____

21. Will UAS(s) be used for the application of chemicals? Yes No

22. Will UAS(s) be used to carry packages/payloads? Yes No

23. Name of pilots (Include Experience Operating This Type of Equipment):

Pilot Name	Experience Flying This Type of Equipment

24. Does applicant provide any type of training in the operation of a UAS? Yes No

25. Does applicant have any Non-Owned UAS exposure? Yes No

26. Will anyone other than named pilots operate the insured UAS? Yes No

27. Will the aircraft ever be rented or leased to a third party? Yes No

If yes, explain: _____

ADDITIONAL INFORMATION

28. Prior Carrier Information:

	Year:	Year:	Year:
Carrier			
Policy No.			
Coverage			
Occurrence or Claims Made			
Total Premium			

29. Loss History—Three Years:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses in the last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

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.

I agree to maintain signed waivers, time and usage sheets as permanent records.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ Date: ____/____/____

(Must be signed by an active owner, partner or executive officer)

===== **(For Internal Use Only)** =====

PRODUCER'S SIGNATURE: _____ Date: ____/____/____

AGENT NAME: Frederick Pais | Diversified Insurance Plus LLC ||| AGENT LICENSE NUMBER: MA95003036 9148 MA01

Please be sure to return this application for servicing at:

If by MAIL:

Diversified Insurance Plus LLC
 10 Winter Hill Road
 Lunenburg MA 01462

If by Secured FAX: (978) 633-0199

If Scanned to eMail: Service@DiversifiedInsurancePlus.com

You may also request an Encrypted Email to be sent to you in which to attach this form in your reply.