

Nason Associates, Inc.

Unmanned Aircraft Systems

Non-Owned Liability Application

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|---|---------------|--------------------|
| APPLICANT IS: <input type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PUBLIC ENTITY <input type="checkbox"/> OTHER | | |
| NAME OF APPLICANT (Including all affiliated names or Companies): | | |
| CONTACT NAME (Who should we talk to if we have any questions): | | |
| 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) | | |
| <input type="checkbox"/> NEW INSURANCE POLICY <input type="checkbox"/> RENEWAL POLICY Name of last aviation insurance carrier (if none, so state); _____ | | |
| BUSINESS OR OCCUPATION OF APPLICANT: | | |

Operations

Circle One

| | | | |
|---|-----|----|---------|
| Will the UAS be operated in accordance with applicable regulations at all times? | Yes | No | Unknown |
| Will the UAS be operated indoors in proximity to any persons and directly participating in its operation? | Yes | No | Unknown |
| Will the UAS ever be intentionally operated over any persons not directly participating in its operation | Yes | No | Unknown |
| Do you have procedures to control the publication of data or images? | Yes | No | |
| 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? | Yes | No | |

Please select all intended uses of the UAS:

| | | |
|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Construction | <input type="checkbox"/> Educational Research / Development |
| <input type="checkbox"/> Infrastructure / Inspection / Support | <input type="checkbox"/> Events (Concerts / Sports / Weddings etc) | <input type="checkbox"/> Fire Fighting / Support |
| <input type="checkbox"/> Instruction and Training | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Mapping / Geophysical |
| <input type="checkbox"/> Media / New Gathering | <input type="checkbox"/> Military | <input type="checkbox"/> Movie / TV Production |
| <input type="checkbox"/> Commercial Photography / Videography | <input type="checkbox"/> Package Delivery | <input type="checkbox"/> Private / Hobby |
| <input type="checkbox"/> Property Survey / Inspection / Real Estate | <input type="checkbox"/> Sales / Demo | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Wildlife / Conservation | |

Non-Owned Operations

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|---|--------|
| How many drone flights do you anticipate this year? | |
| What is the expected annual utilization in hours? (Average flight is -20 minutes) | |
| Will you require contractors and hired UAS personnel to present proof of primary insurance? (Circle One) | Yes No |
| Will you require contractors to show evidence of pilot certification (sUAS rating, RPAC, etc (Circle One) | Yes No |

Liability Coverage

| LIMITS OF INSURANCE | EACH OCCURRENCE LIMIT |
|--|-----------------------|
| Single Limit Bodily Injury and Property Damage Liability: Also includes Liability arising from: occasioned by or in consequence of war hi-jacking and other perils the operation of UAS you rent/lease/borrow for periods of less than 30 days UAS operated on your behalf by others | \$ _____ |
| Personal Injury Liability: | \$ _____ |

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

913-677-1550

Non-Owned Physical Damage Coverage

Circle One

| | | |
|---|--------|--------------------------------------|
| Do you require insurance for any UAS that you do not own but which you will operate of less than 30 days? | Yes No | Total Maximum Insured Value \$ _____ |
| 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? | Yes No | Total Maximum Insured Value \$ _____ |

Insurance & Claims History

Circle One

| | |
|---|--------|
| 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 cited for violation of any FAA regulations, or (b) had their pilot's or driver's license suspended or (c) been convicted of driving while intoxicated or (d) of any | 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 above questions. | |

Acts of Terrorism under the TRIPRA

Coverage for Acts of Terrorism under the Terrorism Risk Insurance Program Reauthorization Act of 2007 and 2015 (TRIPRA). Coverage provided for bodily injury and property damage for which you may be liable for certified acts of terrorism.

This coverage is automatically quoted if the box is left unchecked. **I wish to decline TRIPPA coverage**

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 applicant or any of the pilots named herein with regard to any type of insurance? (Not Applicable in MO)

Yes No If so, explain circumstances:

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

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 MINNESOTA

A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

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(5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

All particulars herein are declared to be true and complete to the best of *my/our* knowledge and no information has been withheld or suppressed and I/we 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.

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|--|----------------|
| Name of Insurance Producer: | |
| State License Number: | License State: |
| Address: | |
| For how long have you been designated this applicant's Broker of Record? | |