

# UNMANNED AIRCRAFT SYSTEMS EXPOSURES

|                 |                    |
|-----------------|--------------------|
| <b>Memo No.</b> | <b>Member Name</b> |
|-----------------|--------------------|

## UNMANNED AIRCRAFT SYSTEM #1

|                             |            |                                     |                             |                            |
|-----------------------------|------------|-------------------------------------|-----------------------------|----------------------------|
| Department                  | Model Year | Make                                | Model                       | Serial Number              |
| FAA Registration No.        |            | Explain the system's principal use: |                             |                            |
| What equipment is attached? |            | Cost New of UAS                     | Cost New of Attached Equip. | Total Value (UAS + Equip)  |
|                             |            |                                     |                             | Total Weight (UAS + Equip) |

### COVERAGES DESIRED

|   |   |   |
|---|---|---|
| Liability Only <input type="checkbox"/> | Full Coverage* <input type="checkbox"/> | <i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i> |
|---|---|---|

## UNMANNED AIRCRAFT SYSTEM #2

|                             |            |                                     |                             |                            |
|-----------------------------|------------|-------------------------------------|-----------------------------|----------------------------|
| Department                  | Model Year | Make                                | Model                       | Serial Number              |
| FAA Registration No.        |            | Explain the system's principal use: |                             |                            |
| What equipment is attached? |            | Cost New of UAS                     | Cost New of Attached Equip. | Total Value (UAS + Equip)  |
|                             |            |                                     |                             | Total Weight (UAS + Equip) |

### COVERAGES DESIRED

|   |   |   |
|---|---|---|
| Liability Only <input type="checkbox"/> | Full Coverage* <input type="checkbox"/> | <i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i> |
|---|---|---|

## UNMANNED AIRCRAFT SYSTEM #3

|                             |            |                                     |                             |                            |
|-----------------------------|------------|-------------------------------------|-----------------------------|----------------------------|
| Department                  | Model Year | Make                                | Model                       | Serial Number              |
| FAA Registration No.        |            | Explain the system's principal use: |                             |                            |
| What equipment is attached? |            | Cost New of UAS                     | Cost New of Attached Equip. | Total Value (UAS + Equip)  |
|                             |            |                                     |                             | Total Weight (UAS + Equip) |

### COVERAGES DESIRED

|   |   |   |
|---|---|---|
| Liability Only <input type="checkbox"/> | Full Coverage* <input type="checkbox"/> | <i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i> |
|---|---|---|

## UNMANNED AIRCRAFT SYSTEM #4

|                             |            |                                     |                             |                            |
|-----------------------------|------------|-------------------------------------|-----------------------------|----------------------------|
| Department                  | Model Year | Make                                | Model                       | Serial Number              |
| FAA Registration No.        |            | Explain the system's principal use: |                             |                            |
| What equipment is attached? |            | Cost New of UAS                     | Cost New of Attached Equip. | Total Value (UAS + Equip)  |
|                             |            |                                     |                             | Total Weight (UAS + Equip) |

### COVERAGES DESIRED

|   |   |   |
|---|---|---|
| Liability Only <input type="checkbox"/> | Full Coverage* <input type="checkbox"/> | <i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i> |
|---|---|---|

|              |       |
|--------------|-------|
| Completed By | Title |
|--------------|-------|