



UNMANNED AIRCRAFT (DRONE) LIABILITY ADDITIONAL INFORMATION REQUEST

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

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|---|---|------------------------------------|
| Proposed First Named Insured And Other Named Insureds: City of Longview | | Today's Date: 04/23/2020 |
| Proposed Effective Date (mm/dd/yyyy): 10/01/2020 | Proposed Expiration Date (mm/dd/yyyy): 09/30/2021 | |

PART 1 INFORMATION – HIRED DRONE(S)

Complete if you are **hiring** drone(s) from others to perform your operations.

1. Is the For-Hire entity compliant with federal, state and local regulations? Yes No
2. Describe contractual liability requirements that are in place (i.e. limits of liability insurance, hold harmless/indemnification in your favor, primary non-contributory additional insured coverage):

N/A

PART 2 INFORMATION – OWNED OR NON-OWNED DRONE(S)

Complete if you have company **owned or non-owned** drone(s) for use in your business.

3. Will all drone(s) be operated in compliance with federal, state and local regulations? Yes No
4. Have any waiver(s) or special authorization(s) been requested or approved for operation? Yes No
If yes, provide a copy of the request and approval with required terms and conditions.
5. Does drone operation require prior authorization from Air Traffic Control (ATC)? Yes No
6. For each drone provide the following:

| Make and Model | Total Weight With Attachments | Maximum Speed | Maximum Altitude | Power Supply | Registration Number(s) | Owned or Non-owned | Max Flight Duration |
|-----------------------------|-------------------------------|---------------|------------------|--------------|------------------------|--------------------|---------------------|
| DJI Mavic 2 Enterprise Dual | 1.98 lbs | 31 mph | 400 ft | Battery | FA3CXW3PLE | Owned | 31 min |
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Describe any drone modifications: **No modifications**

7. Describe drone technology (e.g. collision avoidance, geo-fencing, return to home controls):

Collision avoidance, geo-fencing, return to home controls

8. For each pilot, provide the following:

| Pilot Name | Certification Number |
|---------------|----------------------|
| Clay Kitchens | 4223710 |
| | |
| | |

9. Describe how the drone(s) will be used for your business operation:
The drone provides situational awareness at the scene of emergencies, search and rescue operations, and used for damage assessment after a disaster.
10. Describe hours and frequency of use: **The drone is used approximately 5 hours per month for training and operations.**
11. Describe the general location of operation (i.e. urban, rural, remote or congested):
The drone is used in urban areas.
12. Is the drone designed to deploy/drop payload? Yes No
If yes, describe: _____
13. Do you have written practices in place for drone operations, including training, safe use, maintenance, equipment inspection requirements, accident reporting? Yes No
14. Describe how images/data obtained during drone operations are stored?
All images are stored on a local Micro SD card. Other flight data is stored within DroneSense.
15. Will images/data be used outside of your company? Yes No
16. Is written permission obtained for use of images/data? Yes No
17. How long is this information retained? **Per record retention policies**
18. If company owned drone(s) are being used to provide **services to others**, are you being required to sign a written contractual agreement with broad indemnification and additional insured requirements for others? Yes No
19. Have there been any drone accidents? Yes No
If yes, describe: **NA**
20. Have there been any violations of federal, state or local regulations in the last three (3) years? Yes No
If yes, describe: **NA**

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: 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 and confinement in prison.

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.

FLORIDA: 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.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance 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.

KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (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.)

LOUISIANA: 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.

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 include imprisonment, fines, and denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA: 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.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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 with the penalty of 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.

SIGNATURES

Producer information only required in Florida and Iowa.

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|---|--|---|
| Authorized Representative Signature*: x <i>B. Hubbard</i> | Authorized Representative Name – Printed: Bonnie Hubbard | Date (mm/dd/yyyy): <i>04/27/2020</i> |
| Producer Signature*: x | State Producer License No (required in FL): | Date (mm/dd/yyyy): |
| Agency: HUB International | Agency Contact: Cameron Jones | Agency Phone Number: 817-820-8163 |

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box 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.

- Electronic Signature and Acceptance – Authorized Representative
 Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.