1. MEMBER INFORMATION

Organization Name

Applicant's Names			Department	Position
First	Last			

Street Address	Suite	City	State	Zip Code (5 digits only)

Primary Phone (digits only - formatting provided)	EXT	Secondary Phone (digits only - formatting provided)	EXT	Fax (digits only - formatting provided)
( ) + X		( ) + X		( ) +

Email Address	

Check all that apply:

☐ Member organization wants to start UAS program.

☐ Member requests contact by an approved third party vendor to discuss UAS program.

☐ Member organization has had no accidents/incidents or claims in last five years.

☐ Coverage has never been canceled or non-renewed.

☐ Aircraft will be operated under FAA 333 Exemption.

☐ Aircraft will be operated as public aircraft under a COA.

☐ Aircraft will be operated under Part 107.

☐ Aircraft will be operated by Vendor.

Describe purpose of drone and its intended uses:

Local Government Insurance Trust

2. UAS INFORMATION (List each vehicle.)

Serial Number or ID	Year	Make	Model	Specifications					Coverage Value	FAA Registration Number
				Wingspan	Length	Max Gross Weight	Max Payload Weight	Power		
				in	in	lb	lb	☐ Gas ☐ Electric	$	
				in	in	lb	lb	☐ Gas ☐ Electric	$	
				in	in	lb	lb	☐ Gas ☐ Electric	$	
				in	in	lb	lb	☐ Gas ☐ Electric	$	

3. BASE STATION AND TRANSMITTER INFORMATION (hand controller, ground control station)

Serial Number or ID	Year	Make	Model	Specifications	Coverage Value	Comments
					$	
					$	
					$	
					$	

4. PAYLOAD INFORMATION (sensor, datalink, gimbal)

Serial Number or ID	Year	Make	Model	Specifications	Coverage Value	Comments
					$	
					$	
					$	
					$	

5. OPERATIONAL INFORMATION (How will each UAS be flown?)

Serial Number or ID	Method of Launch	Maximum Flight Endurance	Maximum Speed	Primary Control	Flight Data Recorder?	Auto Return To Launch?	Auto Land and Takeoff?	Electronic Geo fencing?	Can it drop a payload?
		min	m/s	☐ Auto ☐ Manual ☐ Both	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		min	m/s	☐ Auto ☐ Manual ☐ Both	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		min	m/s	☐ Auto ☐ Manual ☐ Both	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		min	m/s	☐ Auto ☐ Manual ☐ Both	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

5_A. Is each UAS registered with FAA?   ☐ Yes   ☐ No

5_B. Does member have FAA 333 Exemption?   ☐ Yes (Please provide a copy.)   ☐ No

5_C. Does Member have a COA?   ☐ Yes (Please provide a copy.)   ☐ No

5_D. Does Member have any waiver/airspace authorizations for Part 107?   ☐ Yes (Please provide a copy.)   ☐ No

5_E. Do you have an operations manual?   ☐ Yes (Please provide a copy.)   ☐ No

5_F. Do you have a maintenance manual?   ☐ Yes (Please provide a copy.)   ☐ No

5_G. Do you have a training program?   ☐ Yes (Please provide a copy.)   ☐ No

5_H. Do you have a formal safety and risk program?   ☐ Yes (Please provide a copy.)   ☐ No

5_I. Do you maintain a maintenance log?   ☐ Yes (Please provide a copy.)   ☐ No

5_J. Do you maintain a flight log?   ☐ Yes (Please provide a copy.)   ☐ No

5_K. Will UAS be operated over water?   ☐ Yes _____   ☐ No

6. UAS USE INFORMATION (Check all that apply.)

Serial # or ID:		Use	Est. Annual Hrs:
Serial # or ID:		☐ Marketing ☐ Survey ☐ Public Safety ☐ Inspection ☐ Other:	Est. Annual Hrs:
Serial # or ID:		☐ Marketing ☐ Survey ☐ Public Safety ☐ Inspection ☐ Other:	Est. Annual Hrs:
Serial # or ID:		☐ Marketing ☐ Survey ☐ Public Safety ☐ Inspection ☐ Other:	Est. Annual Hrs:
Serial # or ID:		☐ Marketing ☐ Survey ☐ Public Safety ☐ Inspection ☐ Other:	Est. Annual Hrs:

Environment	Example Conditions	Environment	Example Conditions
☐ Low density	• Subject is stationary • No or minimal people • No or minimal ground obstructions	☐ Wide area	• Subject covers ½-square mile area • Few ground obstructions • Few people
☐ Medium density	• Subject is stationary • Some bystanders or non-participants in vicinity • Some ground obstructions	☐ Moving subject	• Subject is moving • Ground obstructions are higher than flight path • Some bystanders or non-participants in vicinity
☐ High density	• Subject is stationary • Ground obstructions are higher than flight path • Many bystanders or non-participants in vicinity	☐ Complex	• Close proximity to critical infrastructure • Dynamic environment • Near airport • Safety hazards
☐ Other			

7. NAMED PILOTS

Name		Pilot Certificate			All Aircraft Logged Pilot Hours		Part 61 Pilots Only		Last Flight Review
First	Last	Number	Type	Date of Issue MMDDYYYY	Total Manned	Total Unmanned	Last Medical MMDDYYYY	Class	MMDDYYYY

Local Government Insurance Trust

7225 Parkway Dr., Hanover, MD 21076

8. ADDITIONAL INFORMATION

8A. Will insured aircraft be used outside of Maryland? ☐ Yes ☐ No

8B. Will anyone other than named pilots operate the insured aircraft? ☐ Yes ☐ No

8C. Does Member have any Non-Owned Aircraft or UAS exposure? ☐ Yes ☐ No

8D. Has Member or Named Pilot ever had any incidents, accidents, or violations? ☐ Yes ☐ No

8E. Has Member or Named Pilot ever had any felony convictions or license suspensions? ☐ Yes ☐ No

8F. Does the Member provide training in the operation of the UAS to personnel not in organization? ☐ Yes ☐ No

8G. Will the UAS be rented or leased to a third party? ☐ Yes ☐ No

Explain all YES answers for items 8A - 8G:

9. PRIVACY AND CIVIL RIGHTS

9A. Have you read LGIT Risk Bulletin #128 - FAA Issues New Drone Rules? ☐ Yes ☐ No

9B. Do you have program or policy to address privacy and civil rights? ☐ Yes (Please provide a copy.) ☐ No

10. SIGNATURE

I understand that by signing below, I am agreeing that:
- *All statements on this application are complete and true to the best of my knowledge.*
- *No information has been suppressed or withheld.*
- *No insurer has canceled or refused to renew this coverage.*
- *The information herein and the truthfulness thereof will be the basis of any coverage provided by the LGIT.*
- *This application does not bind the applicant or LGIT to provide coverage.*

Authorized Signature: _____ **Date:** _____

Check All Documents Being Submitted

☐ FAA 333 Exemption
☐ COA
☐ Part 107 waiver/airspace authorizations
☐ Operation Manual
☐ Maintenance Manual
☐ Training Manual
☐ Safety Program
☐ Privacy/Civil Rights Policy/Program