



# Radio-Controlled Aerial Photography Insurance Program

## APPLICATION (06/06)

Named Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Business Entity:  Individual  Corporation  Partnership  LLC

Member of:  RCAPA, Membership Number: \_\_\_\_\_  Other, Name: \_\_\_\_\_

Federal Employers I.D. # (or SSN if Individual): \_\_\_\_\_

### OPERATIONS

Describe all operations in detail: \_\_\_\_\_

Do all subjects grant you written permission prior to being photographed?  Yes  No

Do you engage in Paparazzi?  Yes  No

Largest Customers (if known): \_\_\_\_\_

Indicate Percentage of Work Performed:

<input type="checkbox"/> Aerial Still Photography _____ %	<input type="checkbox"/> Documentary _____ %
<input type="checkbox"/> Aerial Motion Picture _____ %	<input type="checkbox"/> Industrial _____ %
<input type="checkbox"/> Other _____ %	<input type="checkbox"/> Commercial _____ %
	<input type="checkbox"/> Promotional/Event _____ %
Total _____ 100%	Total _____ 100%

Total Estimated Annual Receipts: \$ \_\_\_\_\_ Total Annual Payroll: \$ \_\_\_\_\_

Years In Business: \_\_\_\_\_ States of Operation: \_\_\_\_\_

Desired Limit of Liability:  \$300,000  \$500,000  \$1,000,000  Other \$ \_\_\_\_\_

### OPERATORS: List all Permitted Operators (Attach a Separate Sheet if Necessary):

1. Name: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

State Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Other License # \_\_\_\_\_

Operator Training Programs: \_\_\_\_\_

2. Name: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

State Drivers License # \_\_\_\_\_ State: \_\_\_\_\_ Other License # \_\_\_\_\_

Operator Training Programs: \_\_\_\_\_

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## AIRCRAFT: List All Owned Aircraft (Attach a Separate Sheet if Necessary)

Aircraft Description: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Fixed Winged-Aircraft  Helicopter  Light Aircraft (Blimp, Balloon, Etc.): \_\_\_\_\_

Powered By:  Electric Motor  Combustion Engine Weight of Aircraft: \_\_\_\_\_ (lbs)

**Maximum payload: 25 lbs      Maximum Engine HP: 8**

Maximum Altitude Operated: \_\_\_\_\_ (Feet), Range of Operation (from Operator): \_\_\_\_\_

Wingspan (Fixed Wing): \_\_\_\_\_ (inches) Diameter of Rotors (Helicopter): \_\_\_\_\_

Actual Cash Value of Aircraft: \$ \_\_\_\_\_ Value of Other Equipment (See Equipment Schedule)

Do You Rent or Borrow Aircraft From Others?  YES  NO, *If YES*, Value: \$ \_\_\_\_\_

Do You Rent or Loan Aircraft to other operators?  YES  NO

Describe theft prevention measures when not in use: \_\_\_\_\_

## PHYSICAL LOCATION (Attach Separate Sheet for Additional Locations)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Replacement Value of Building (If owned and not a residence): \$ \_\_\_\_\_

**Replacement Value of:** Contents: \$ \_\_\_\_\_ Computers: \$ \_\_\_\_\_ Non-mounted Cameras: \$ \_\_\_\_\_

Construction Type of Building:  Frame  Masonry  Other \_\_\_\_\_

Year Constructed: \_\_\_\_\_ Square Footage Occupied: \_\_\_\_\_ 100% Sprinklered?:  YES  NO

Describe Security: \_\_\_\_\_

## PRIOR COVERAGE & LOSS HISTORY

Describe Any Losses or Claims in last five years: \_\_\_\_\_

\_\_\_\_\_  No Losses

Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ATTACH TO THIS APPLICATION: **Copy of Model Release; Carrier Loss History**, if available; **Photographs of All Aircraft** (images may be emailed to: [productionplus@hillusher.com](mailto:productionplus@hillusher.com)).

AS A CONDITION OF COVERAGE, APPLICANT AGREES TO ABIDE BY ALL F.A.A. UAV GUIDELINES AS PUBLISHED BY THE RCAPA.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, UNDERSIGNED WILL NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES IN WRITING PRIOR TO POLICY ISSUANCE.

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_

