



Drone Coverage - Supplemental Application
 (Subject to underwriting acceptability, primary coverage only)

AGENCY NAME:		CMR AGENCY CODE # (IF KNOWN):
POLICY EFFECTIVE DATE:	POLICY EXPIRATION DATE:	QUOTE DUE DATE:

APPLICANT NAME:

- **Please provide the following information:**
 - *Make Model and Weight:* _____
 - *Registration Number (if applicable)* _____
 - *Manufacturer Serial Number* _____
If the unit has no registration number or manufacturer serial number, please describe how the unit can be positively identified in the event of an incident, accident or claim: _____
- **Describe primary usage:** _____
- **Who will be operating the unit?:** _____
- **Describe area of operation/location:** _____
- **Will the unit be flown outside a visual line of site?** YES NO
- **Have modifications been made to the drone or its equipment? If so, what type and by whom?:** _____
- **Provide a copy of written procedures manual outlining the following. If written procedures do not exist, provide responses to the following:**
 - *How/Where is the drone stored:* _____
 - *Who has access to the drone:* _____
 - *How is any data from the drone stored:* _____
 - *How often and by whom is the drone maintained:* _____
 - *Who contacts air traffic control when necessary:* _____
 - *Flight log recording:* _____
- **Provide a copy of the FAA application for either Civil or Public entities (if not exempt)**
- **Provide a copy of the Certificate of Authority (COA) that is granted by the FAA including the reference # (if not exempt)**
- **If exempt from FAA requirements, please explain:** _____

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