

# UNMANNED AIRCRAFT SYSTEMS EXPOSURES

<b>Memo No.</b>	<b>Member Name</b>
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## 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* Deductible: \$500 <input type="checkbox"/>	<i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i>
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## 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* Deductible: \$500 <input type="checkbox"/>	<i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i>
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## 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* Deductible: \$500 <input type="checkbox"/>	<i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i>
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## 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* Deductible: \$500 <input type="checkbox"/>	<i>*IMPORTANT: Cost New MUST be provided above if full coverage is desired.</i>
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Completed By	Title
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