**Drone Production Questionnaire**

**INSURED & PROJECT INFORMATION**

1. Named Insured:
2. Title of Project (if applicable):
3. Name of Contact:

Phone:       Email:

1. Insured Website:
2. Describe the Project:

**ABOUT THE OPERATORS**

1. Pilot information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Pilot** | **Currently FAA Certified?** | **Other Certifications?** | **Total UAV Flight Time** | **Experience** |
|  | Yes |  |  |  |
|  | Yes |  |  |  |
|  | Yes |  |  |  |

*Please attach certifications/accreditations and submit with this application.*

1. The Pilots are:  members of the production company  other:
2. Pilot Payroll: $
3. Name of Camera Operator:
4. Who owns the drones?
5. Describe any violations that you, your operations, or any of your pilots/operators have had within the last 5 years:
6. Describe any losses or claims that you or your operators have had within the last 5 years:

**ABOUT THE DRONE & EQUIPMENT**

1. Drone information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Drone (hexacopter, octocopter, etc.) | Make & Model | How long have you had this drone? | Maximum Weight with Camera | Value | What is the battery life under normal conditions? | At what battery life do you return the drone? |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |
|  |  |  |  | $ |  |  |

1. Type of cameras being used:
2. Value of cameras: $

**ABOUT THE FLIGHT**

1. What dates are you flying? From       to       .
2. Flying at night?  Yes  No
3. Estimated temperature during flight (cold temperatures reduce battery life):
4. Number of flights:
5. Maximum flight duration:
6. Where are you flying?
7. Where is the takeoff/landing point?
8. Maximum altitude:
9. Maximum distance from the Pilot:
10. Will each drone be in the Pilot’s line of sight at all times?  Yes  No
11. Describe the flight path (what are you flying over):
12. Flying under anything (bridge, telephone wires, mezzanine levels)?
13. Number of people in attendance:
14. Distance to nearest person:
15. Are you flying over people?  Yes  No
16. Distance to nearest structures (buildings, trees, etc.):
17. Describe any other hazardous flying conditions:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Submitted by: |  |
|  |  | Agency Name: |  |
|  |  | Address: |  |
|  | Date Submitted: | |  |