Clear Form

State of Idaho

Department of Administration Risk Management Program
PO Box 83720
Boise, ID 83720-0079
Phone: 208-332-1872 Fax: 208-334-5314

DRONE UNDERWRITING QUESTIONS

Date: _____

Agency: _____

Name: _____

Phone: _____

1. Aircraft make and model: _____
2. Wingspan: _____ _____
3. Range: _____
4. Weight: _____
5. Maximum Altitude: _____
6. Maximum Speed: _____
7. Use: _____
8. Location(s) of use: _____
9. Number of flights per year: _____
10. Duration of flights: _____
11. Will NOTAMS (notice to airmen) be issued and if so, please describe: _____

_____

Or respond per following: *No NOTAMS- the aircraft will not be used in controlled airspace*

12. Describe the command control communications model (write n/a, if none): _____

_____

13. Hull value: $ (Replacement cost) _____
14. Describe special equipment attached, if any, with value: _____

_____

15. FAA approved, (according to FAA guidelines)? _____
16. Provide FAA registration number, if applicable _____
17. Name(s) of pilots operating the drone: _____

_____

18. Drone Serial number: _____

RETURN FORM TO:

Mail: RISK MANAGEMENT, PO BOX 83720, BOISE, ID 83720-0079

Email: Click to send to Risk Management