

UTAH COUNTIES INDEMNITY POOL

UNMANNED AIRCRAFT SYSTEM COVERAGE QUESTIONNAIRE

Member:

U.A.S./Drone Make & Model:

Year:

Serial Number:

Weight in Lbs. (including all attachments):

Price Paid: \$

Location Address (where drone is stored):

Description of Use:

List Additional Attachments/Equipment/Modifications

Price Paid: \$

Price Paid: \$

Price Paid: \$

Price Paid: \$

Operator's Name:

Date of Receipt of FAA COA*:

Registration Number:

Total U.A.S./Drone Flight Hours:

Description of Training & Certifications:

** Attach a copy of the FAA Certificate of Authority to this application.*

Name of Person Completing Questionnaire:

Phone Number:

Signature:

Date:

SUBMIT TO:
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