

# THE UNIVERSITY OF TENNESSEE

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## Unmanned Aerial System (UAS) Insurance Request Form

*Please fill out one form per UAS and return to the Office of Risk Management.*

Campus: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***UAS Information:***

Purchase Date: \_\_\_\_\_

Model Type: \_\_\_\_\_

Model Year: \_\_\_\_\_

Serial Number: \_\_\_\_\_

FAA Registration Number: \_\_\_\_\_

Size (i.e. weight): \_\_\_\_\_

Cost/Price New: \_\_\_\_\_

Physical Location of UAS:

\_\_\_\_\_

Typical Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***\*Please email the Office of Risk Management upon sale/disposal of UAS\****