

THE UNIVERSITY OF TENNESSEE

Office of Risk Management
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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****