

Wake Tech Unmanned Aircraft System (UAS) External Authorization Form

(UAS "Drone" Flight Usage on Campus)

Individuals interested in operating an Unmanned Aircraft System (UAS), "drone" on a Wake Technical Community College campus must follow the Wake Tech Unmanned Aircraft Systems Policy and provide advanced notice by completing this form and submitting it **five (5)** days prior to the expected flight plan.

Wake Technical Community College ("Wake Tech") recognizes that the operation of Unmanned Aircraft System (UAS), also referred to as "drones," is popular for both recreational and educational usage. The policy (the "UAS Policy") establishes the minimum requirements for the safe operation of unmanned aircraft systems in and around the Wake Tech campus and shall be a reference to assist with compliance with federal law, Federal Aviation Administration ("FAA") regulations, state and local laws, and Wake Tech policies.

The policy applies to all members of the Wake Tech community, including but not limited to: employees, students, clubs, organizations, vendors and third-party contractors, and any other individuals who are operating a UAS as part of their employment or as part of any Wake Tech-related activity. The policy also applies to any person or entity not affiliated with Wake Tech who may operate a UAS on Wake Tech property or land. This includes recreational and non-recreational aircraft operations. Any person operating a UAS on or above a Wake Tech campus is personally responsible—and bears sole responsibility—for complying with: FAA regulations; federal, state, county, and municipal laws; and all Wake Tech policies, including but not limited to those set out in this UAS Policy.

The Wake Tech UAS Policy and this agreement is to ensure that any UAS operated on a Wake Tech campus complies with all legal obligations.

Campus L	ocation of flight:	Select and contact following representative for preparation of flight & attach the completed form.						
	Southern Wake Campus			Public Safety Education Campus				
	Wes Harlow - dwharlow@waketech.edu			Barbara Thomas - bjthomas3@waketech.edu				
	9101 Fayetteville Ro	ad		321 Chapanoke Road				
	Raleigh, NC 27603			Raleigh, NC 27603				
	Scott Northern Wake	e Campus		East Wake 4.0 Campus				
	Julie Reichbach - <u>irei</u>	chbach@waketech.edu		Shemika Bell - slbell@waketech.edu				
	6600 Louisburg Road	I		5401 Rolesville Road				
	Raleigh, NC 27616			Wendell, NC 27591				

Notice must be provided at least five (5) business days prior to the planned UAS flight(s).

Flight Plans are available for scheduling between 8 a.m. and 5 p.m., Monday – Friday. Locations may not be reserved more than two (2) weeks prior to an activity.

Required	Info	mation:	
Responsib	le Per	son Name	
Email		Phone	
UAS Requ	ireme	nts: Initial and validate each requirement, and submit	a copy of the required forms with the authorization form
		Remote Pilot Certificate & Federal Airmen Certificate	ate #
		NC UAS Permit #	
		Certificate of Insurance (See Attached COI Example for	or highlighted requirements)
		Registration number(s)	Visible on drone Body
		Registration Numbers are Visible on the drone boo	dy
		Flight Plan (describe on the form below in <i>Flight P</i>	lan Description Area)
I verify a	II red	uirements stated above are true and accurate.	
,			
Signature			Date
•	arv pe	rmits must be with all persons during flight activities	

Wake Technical Community College | Southern Wake Campus | 9101 Fayetteville Road | Raleigh, NC 27603



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Flight Plan Description:					
Date(s) and Time(s) of Planned Flight(s)	Nature of Flight:				
	☐ Construction/Contractors ☐ Third-Party Vendors ☐ Other				
Minimum Limits					
Commercial General Liability	Worker's Compensation				
Each Occurrence: \$1,000,000	Employer's Liability Limits:				
General Aggregate: \$2,000,000	Each Accident: \$1,000,000				
Products/Completed Operations Aggregate: \$2,000,000	Disease Limit Each Employee: \$1,000,000				
	Disease Policy Limit: \$1,000,000				
Commercial Auto Liability					
Combined Single Limit: \$1,000,000					
The required notice and information requested above are necessary for UAS planning and decision purposes. Statement of Acknowledgment: I do hereby affirm, acknowledge, and agree that while operating a UAS on or above a Wake Tech campus, I am personally responsible- and bear sole responsibility- for complying with FAA regulations; federal, state, county and municipal laws, and Wake Tech policies, including but not limited to those set out in the UAS Policy and will adhere to them during the					
flight. I will adhere to the flight plan as permitted by Wake Tech. I have reviewed Wake Tech's Policy on Unmanned Aircraft Systems and agree and will adhere to it. I hereby agree to indemnify and hold harmless Wake Tech, from any liability, losses, costs, damages, claims, or causes of action of any kind or nature whatsoever, and expenses arising from conducting and participating in these activities.					
Print Name Signature	Date				
Wake Tech Director Campus Services	Date				
For more information, please see the College's UAS Policy at:					

For more information, please see the College's UAS Policy at:

<u>Campus Policy & Procedures</u>

OP ID: TS

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	804	l-428-0000	CONTACT C. Ryan Kuester				
GHT Insurance Services 8253 Crown Colony Pkwy Ste 101			PHONE (A/C, No, Ext): 804-428-0000 FAX (A/C, No): 804-		!8-9991		
8253 Crown Colony Pkwy Ste 101 Mechanicsvile, VA 23116 C. Ryan Kuester			E-MAIL ADDRESS: ryan@ghtinsurance.com				
C. Kyan Kuester			INSURER(S) AFFORDING COVERAGE		NAIC #		
			INSURER A: The Cincinnati		10677		
INSURED			INSURER B : Builders Mutual Insurance Co.		10844		
Commonwealth Blinds and Shades, Inc.			INSURER C:				
8529 Méadowbridge Rd, Ste 500 Mechanicsville, VA 23116			INSURER D:				
•			INSURER E :				
			INSURER F:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	NSR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBÉR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s	
A	Х	COMMERCIAL GENERAL LIABILITY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		EPP0571456	04/01/2020	04/01/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
	X	Contractual	SI				Expiration	MED EXP (Any one person)	\$	10,000
	X	XCU	status				Date	PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:	insured					GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT X LOC			· ·			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:	ional						\$	
Α	AUT	OMOBILE LIABILITY	Addi					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO	X		EBA0571456	04/01/2022	04/01/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	X	UMBRELLA LIAB X OCCUR				*		EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			EPP0571456	04/01/2020	04/01/2023	AGGREGATE	\$	10,000,000
		DED X RETENTION\$							\$	
B	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		PWC1014058-02	04/01/2022 04/01/202	04/01/2023	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)		N, A		Must show WC if more than two			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				employees, including owner.			E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

When required by a written contact, Wake Technical Community College is listed as Additional Insured with respect to General Liability and Auto Liability.

CSA needed

CERTIFICATE HOLDER	CANCELLATION		
Wake Technical Community College	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
9101 Fayetteville Road Raleigh, NC 27603	AUTHORIZED REPRESENTATIVE JACI S. Sullivan		