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RPAS INSURANCE PROPOSAL FORM

GLOSSARY:

ATC	Air Traffic Control
CAA	Civil Aviation Authority
Comms	Communications
GCS	Ground Control Station. Including launch system, flight control and mission specific hardware & software, communications equipment.
GPS	Global Positioning System
MTOM	Maximum Take Off Mass (including RPAS airframe, navigation, comms & payload)
OEM	Original Equipment Manufacturer
RPAS	Remotely Piloted Air System. Complete operating system including airframe, payload, launch station and Ground Control Station

COVERAGES REQUIRED:

Third Party Liability [As required by Transport Canada: Covers liability to third parties for third party direct loss/damage consequential of RPAS failure. Does not cover third parties consequential losses (eg Business Interruption)]

Physical loss & damage to RPAS [loss or damage to RPAS including airframe, payload, launch station and/or GCS in operating or routine testing environment]

Spares Extension: [Physical loss or damage to RPAS Spares (parts not attached to the RPAS)]

GENERAL:

Name & Address of Insured: _____

Website: _____

OPERATIONS:

Territory is Canada only. If other territories are required, please advise additional information.

Purpose of Use of the RPAS by the Insured: (only Business or Commercial uses are quoted. Recreational uses are not covered under this policy)

Operating Environments (military? Rural? Urban? % of each?)

Will any hazardous flying take place? (poor conditions, poor visibility, night flights, near to power lines)

Expected Annual (hourly) Utilization for each RPAS airframe _____

Please confirm a log is kept for each flight / mission _____

GCS MANAGEMENT & OPERATORS:

of operators per GCS _____
Operator #1

Operator #2

Operator #3

Name: _____

Qualification or Experience for each GCS Operator (those will overall responsibility for 'on-site' flying operations)

Qualification Type, Reference #, date of qualification (including any training seminars, on-line certifications each operator has or is registered for) _____

RPAS make & model hours for each operator (experience in hours)

INSURANCE POLICY:

Third Party Liability Limit required: \$ _____
(minimum quoted is \$500,000)

RPAS physical loss / damage value \$ _____
(airframe, launch station, GCS hardware,
related software & payload)

Has the company or any of its RPAS Managers, operators or engineers previously been refused insurance coverage? If Yes, please explain _____

Please detail all losses / incidents and or claims history _____

DECLARATION:

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Insurers may investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by an authorized person in writing.

Date _____ **Applicant's Signature** _____

Name of Agent or Broker:

Address:
