

SRIM UAV APPLICATION

**BROKER INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Brokerage |  | | | Location |  | | |
| Contact |  | Email |  | | | Phone |  |

**APPLICANT INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Owner(s) |  | | | O/A: |
| Mailing Address |  | | | |
| Phone |  | Website |  | |

Is there a Previous Insurer? ☐ Yes ☐ No Name of Previous Insurer? Is renewal being offered? ☐ Yes ☐ No

Has the named insured ever been refused or cancelled coverage of any kind? ☐ Yes ☐ No

Has the insured or any approved operator had any UAV claims (insured or not insured) for the last 5 years? If yes, please provide

Date of Claim, Type, Desc, $ Loss:

**UAV / Drone Activities: Please identify the activities for which these drones will be used.**

**Please select all activities that apply:**

|  |  |  |
| --- | --- | --- |
| Commercial Photography | Commercial Mapping & Survey | Commercial Filming |
| Commercial Aerial Inspection | Commercial Surveillance | Commercial Agriculture |
| Commercial Videography | Personal Use/Other | Commercial Other |

Underwriting Information:

Are all drones flown exclusively under Line of Sight Control? ☐ Yes ☐ No

Are any drones used more than 250 hours per year? ☐ Yes ☐ No

Are any UAV / drones custom-built? ☐ Yes ☐ No

How many units will be flying at any one time? Liability Limits: $500,000 ☐

$1,000,000 ☐

$2,000,000 ☐

$5,000,000 ☐

Apply a $500 liability deductible for $50 off the liability premium? ☐ Yes ☐ No

(Covers liability to 3rd parties for 3rd party direct loss / damage consequential of UAV / Drone failure. Does not cover 3rd party consequential loss (ie: Business Interruption)

Would you also like a quote for physical damage that may occur to your UAV/drone(s), related equipment, ground control equipment, or spare parts? ☐ Yes ☐ No

**PILOT(S) INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name | Experience  (# of Hours) | Have you completed a Transport Canada accredited training course/on-line classes/manufacture’s seminars  (anything that provides a “Successfully completed”  certificate at the end as proof of completion? Yes Or No |
|  |  |  |
|  |  |  |
|  |  |  |

**UAV/Drone System Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | Make | Model | Serial # | Max Take off Mass (MTOM) Incl Payload | Flight (Rotor/Fixed Wing) | Replacement  Cost |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**UAV/Drone Equipment & Accessories (A description and serial number are required for any item that exceeds $1000.)**

|  |  |  |
| --- | --- | --- |
| Equipment or Accessory | Replacement  Cost | Serial # |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **NAVIGATION & RPAS COMMS:** |  |  |
| Line of Sight: | ☐Yes | ☐No |
| GPS: | ☐Yes | ☐No |
| Navigat ion system & flight control software: |  |  |
| Does the UAV / Drone have the abilit y to fly autonomously: | ☐Yes | ☐No |
| Does the UAV / Drone require manual input at all t imes: | ☐Yes | ☐No |

**OPERATIONS:** Territory is Canada only. If additional territories are required, please provide additional information regarding any operations outside of Canada for Underwriters review.

Operating Environments (with % of each) Rural % Urban % Anticipated Annual Usage (in hours) for each UAV / Drone airframe: Annual Hours

Will any hazardous flying take place? ☐ Yes ☐ No

(ie: poor weather condit ions, poor visibilit y, night flights, near to power lines)

Please confirm a log is kept for each flight / missio n ☐ Yes ☐ No

Which Transport Canada Pilot certificate will you be operating under: ☐ Basic Operations

☐ Advanced Operations

**Loss Payee**

Name: \_ \_ Address:

**Additional Insured**

Name: Address: Relationship to Insured:

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 qualifications 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 authorized person in writing.

Date:

Signature of Insured: