

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? Yes No

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 Othe

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

Target Premium (if known): _____

PILOT(S) INFORMATION

Name	Experience (# of Hours)	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: Yes No

Does the UAV / Drone have the abilit y to fly autonomously: Yes No

Does the UAV / Drone require manual input at all times: 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 conditions, poor visibility, night flights, near to power lines)

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

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 _____