[Aviation Lines]]

UAV/ DRONE LIABILITY APPLICATION

Reset Form

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UAV/ DRONE LIABILITY APPLICATION

PART 1 GENERAL INFORMATION

Broker:	Broker Phone:
Broker Contact:	Broker Email:
Applicant Name:	
Mailing Address:	Postal Code:
Telephone No.:	Email:
Website:	
Registered Owner if different from above:	
Occupation of Registered Owner:	

PART 2 COMPANY DETAILS

Date Established *(DD/MM/YYYY):* ☐ N/A

Canadian Registered Company: ☐ Yes ☐ No

Do you own your UAV/ Drone? ☐ Yes ☐ No

Name of present Insurer: Expiry Date:

Has any Insurer cancelled or refused to renew your UAV/Drone insurance policy in the past 5 years? ☐ Yes ☐ No

If yes, what was the reason(s):

PART 3 UAV/ DRONE ACTIVITIES

What will the UAV/ Drone be used for? ☐ Commercial Use ☐ Personal Use

If 'Commercial', please describe operations: **(select all activities that apply)**					
Aerial Marketing	☐	Exploration	☐	Pipeline/ Powerline Patrol	☐
Aerial Inspection	☐	Farming	☐	Real Estate Sales	☐
Agriculture	☐	Fire	☐	Search & Rescue	☐
Cargo/ Freight	☐	Filming/ Videography	☐	Special Events (i.e. competitions, weddings, etc.)	☐
Communications	☐	Industrial	☐	Surveying	☐
Construction/ Engineering	☐	Mapping & Surveying	☐	Thermal Imagery	☐
Crop Management	☐	Military (non-combat)	☐	Wildlife Observation	☐

Employee Training	☐	Photography	☐	Other (List All)	☐

If 'Other', please list all other activities:

PART 4 UNDERWRITING INFORMATION

Are any UAV/ Drones custom built? ☐ Yes ☐ No

Is there a SFOC permit from Transport Canada to be in place at this time? ☐ Yes ☐ No
(If 'Yes', please provide a copy)

Are all UAV/ Drones flown exclusively under Line of Sight control? ☐ Yes ☐ No

Do the insured's UAV/ Drones operate Beyond Visual Line of Sight (BVLOS)? ☐ Yes ☐ No

Operating Environments (please provide the percentage)					
Coastal	%	Industrial	%	Maritime	%
Rural	%	Urban	%	Other	%

Will any hazardous flying take place? (i.e. Poor weather conditions, poor visibility, night flights, near to power lines) ☐ Yes ☐ No

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

Usual geographic area of operation:

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

How many units will be flying at any one time?

Liability Coverage				
$1,000,000 ☐	$2,000,000 ☐	$5,000,000 ☐	$10,000,000 ☐	$25,000,000 ☐

Physical Damage Coverage ☐ Yes ☐ No
UAV/ Drone/ Payload Details **(if multiple UAV or Fleet, please provide information on a separate sheet)**

Year, Make, Model	Payload Details	Serial No. (required)	TC Registration	Hull Value (include Payload) (CDN $)
1.				$
2.				$
3.				$
4.				$
5.				$

Max Take off Weight (MTOM) Include Payload (KG)	Flight (Rotor/ Fixed Wing)	Estimated Annual Utilization on Hours	Detached Payloads
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No
4.			☐ Yes ☐ No
5.			☐ Yes ☐ No

UAV/ Drone Ground Based Equipment, Spares & Accessories **(A description and serial number are required for any item scheduled)**		
Ground Based Equipment/ Spares/ Accessories	Agreed Value (CDN $)	Serial No. (required)
1.	$	
2.	$	
3.	$	
4.	$	
5.	$	
Loss Payee Name:	Address:	
Additional Insured Name:	Address:	
Relationship to the Insured:		
Do you require Chemical Liability Coverage? ☐ Yes ☐ No		

PART 5 PILOT(S) DETAILS

	Pilot 1	Pilot 2	Pilot 3
Name:			
Date of Birth (mm/dd/yyyy):			
License:			
Which Transport Canada Pilot certificate will you be operating?	☐ Basic Operations ☐ Advanced Operations	☐ Basic Operations ☐ Advanced Operations	☐ Basic Operations ☐ Advanced Operations
Total Time UAV/Drone	Hours:	Hours:	Hours:
Total UAV time past 12 months	Hours:	Hours:	Hours:
Total UAV time on Model to be insured	Hours:	Hours:	Hours:

PART 6 CLAIMS HISTORY

a) Give a brief description of any accidents and incidents that you, or any of your pilots have had in the past 5 years, including date of loss, brief details involving accident(s), amount of loss:

***Please attach any available insurance company loss reports with this application**

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	$ RESERVE OR LOSS AMOUNT PAID BY INSURER	$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			$	$
			$	$
			$	$

b) Give a brief description of any violations that you, your operation, or any of your pilots have had in the past 5 years:

If you have had any violations, please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

1) An Applicant for a contract:
   a) Gives false or erroneous information to the prejudice of the insurer, or
   b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2) The Insured contravenes a term of the Contract or commits a fraud; or
3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: Position:

Please print name: Date:

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: Position:

Please print name: Date:

SUBMIT