

GENERAL

Company Name of Insured:

Website:

Occupation:

ADDRESS

Street:

City:

Province:

Postal:

Country:

Email:

Tel:

Name of Present Insurer:

Expiry Date:

Please provide a complete record of incidents and or claims history if applicable.

Has the company or any of its staff involved in the operation of the UAV/s been refused insurance coverage? If so, please specify?

UAV AND EQUIPMENT**UAV 1**

Year:

Make:

Model:

Value:

Serial No:

UAV 2

Fixed Wing or Rotary Wing:

Can you confirm the maximum take off mass is less than 20kg, including UAV and payload:

Payload (if applicable):

Value:

Ground Control Station (GCS) and ancillary equipment (if applicable):

Value:

n.b. please provide a list of equipment as an attachment if you have a fleet of more than one UAV and/or payload or GCS

COVERAGE REQUIRED**Third Party Liability**

(Covers liability to third parties for third party loss/damage, consequential of UAV failure)

Limit of liability required:
(in CAD or equivalent in other currencies)

CAD1,000,000

CAD2,000,000

CAD5,000,000

CAD10,000,000

Limit required above this amount, please state:

Physical loss & damage to UAV

(Covers physical loss or damage to UAV (airframe, payload, launch station and/or GCS))

If you have more than one UAV, can you confirm that only one UAV airborne at any one time:

If you are operating numerous UAVs simultaneously, please state the maximum amount that will be in the air at any one time:

Total value of all UAVs and payloads, if applicable:

Maximum value of airborne risk:
(including UAV and payload, if applicable)

Value of ground UAVs and payloads:
(deduct value of the airborne sum insured from total UAV and payload sum insured)

Ground Control Station and other equipment:

OPERATIONS

Geographical Area of Operation:

What will you be using your UAV/s for:
(describe uses and provide split)

What operating environment will you be operating in:
(e.g. urban, industrial, rural, coastal, maritime etc. please describe and provide split)

Will you be operating in any hazardous environments:
(e.g. night flying, flying near power lines, flying near electro-magnetic fields, flying over water, flying in extreme weather conditions)

Please confirm that you intend to fly your UAS for no more than 250 hours annually?

PILOTS

	Pilot 1	Pilot 2	Pilot 3	Pilot 4
Name				
Date of Birth				
License or qualification (please attach current license or qualification)				
Total Flying Hours				
Total Flying Hours Past 12 months				
Total Flying Hours on model to be insured				
Accidents/incidents last 5 years				

n.b. If more than 4 pilots, please attach further details to this form.

DECLARATION

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.

It is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

This application does not commit the Insurer to any liability nor make the applicant liable for any premium unless the Insurer agrees in writing the coverage has been bound. All details regarding qualifications shall be supported with relevant documentation.

Signed:

Title:

Date: