

## UAV / UAS Application Form

Name of Insured:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Website:

Date coverage required:

Current Insurance Company:

### UAV / UAS Information:

Uses: Photography       Filming       Surveillance   
 Mapping & Survey       Aerial inspection       Crop Management   
 Police       Other (please describe) \_\_\_\_\_

Flight Operation:      Line of Sight       First Person View       Autonomous GPS

Area of operation:      Urban       Industrial       Rural       Remote Areas

Please describe any operations outside of Canada \_\_\_\_\_

### UAV / UAS Detail:

Year, Make & Model	Serial No.	Value including payload	Maximum Altitude above ground level	Maximum Flight Endurance (Minutes)	Max Gross Take-Off Weight (kg)	Type:	Power
			ft		kg	Fixed Wing <input type="checkbox"/>	Gas <input type="checkbox"/>
						Rotor Wing <input type="checkbox"/>	Electric <input type="checkbox"/>
			ft		kg	Fixed Wing <input type="checkbox"/>	Gas <input type="checkbox"/>
						Rotor Wing <input type="checkbox"/>	Electric <input type="checkbox"/>
			ft		kg	Fixed Wing <input type="checkbox"/>	Gas <input type="checkbox"/>
						Rotor Wing <input type="checkbox"/>	Electric <input type="checkbox"/>

**Operator Information:**

Operator Name	Total UAV hours	Total UAV hours on type	Does Operator hold a regular pilot licence?	Claims relating to UAV / UAS

Notes: (Additional information with respect to operations, safety, operator experience)

**Insurance Cover Requirements:**

Liability limit : \$500,000 [ ]      \$1,000,000 [ ]      Other \$ \_\_\_\_\_

UAV Physical Damage coverage: Flight & Ground [ ]      Ground Risks only [ ]      Not Required [ ]

Please attach copy of application for Transport Canada SFOC.

The answers given are true and complete to the best of my knowledge and belief and no material information has been withheld.

Insured Signature

Date

Submitting Broker:

Contact

Phone

Email