

# Non-Owned Unmanned Aircraft System (UAS) Insurance

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Corporate Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant is: ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

Please explain if Other: \_\_\_\_\_

Business of the Applicant: \_\_\_\_\_

How long has Applicant been in business? \_\_\_\_\_

Quotation for UAS Liability Insurance is requested for an annual period beginning: \_\_\_\_\_

Your present Unmanned Aircraft Liability Insurance Company is: \_\_\_\_\_

Policy Expiration: \_\_\_\_\_

**Non-Owned Unmanned Aircraft** – List year, make and model which may be used by applicant in next 12 months:

Year	Make and Model

Is there a Special Flight Operations Certificate (SFOC) from Transport Canada for your UAS Operators? (NOTE: SFOC is an authorization issued for specific unmanned aircraft activity by Transport Canada.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you signed an agreement allowing someone else to operate a UAS on your behalf? If "Yes," please provide copies of these agreements.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive Certificates of Insurance from the UAS operator? (Please provide copies of all Certificates.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the Certificates name the Applicant as an Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the Certificates include a Waiver of Subrogation in favor of the Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the UAS operator's insurance policy include Personal Injury Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Limits of Coverage

Indicate the coverages desired:

Coverage	Limits of Coverage
Liability Coverage for bodily injury and property damage	\$ _____ Each Occurrence
Medical Payments	\$ _____ Each Accident

Explain Each "Yes" Answer on Page 3.

Has Applicant had any UAS claims or losses? ☐ Yes ☐ No

Has any insurer cancelled, declined or refused to renew any Non-Owned UAS Insurance? ☐ Yes ☐ No

Does Applicant own or operate manned aircraft? ☐ Yes ☐ No

If "Yes," please provide name of your present **Aircraft** insurance company: \_\_\_\_\_

Policy Expiration: \_\_\_\_\_

What is the name of your last or present **General Liability** insurance company? \_\_\_\_\_

Policy Expiration: \_\_\_\_\_

## List of Vendors Operating UAS

	Vendor	Current Liability Limit Carried
1.		
2.		
3.		
4.		

## Mission / Purpose of Use

	Unmanned Aircraft	Mission Description (in detail)
1.		
2.		
3.		
4.		

## Pilots / Operators (Please include UAS Pilot / Operator Record for each)

	Name	Position (Mission Commander / PIC)
1.		
2.		
3.		
4.		

## Procedures

Explain Each "Yes" Answer Below.

Describe operating environment/airspace \_\_\_\_\_

Are visual observers used in your UAS operations? ☐ Yes ☐ No

Are any operations over population centers or large groups? ☐ Yes ☐ No

Are there operations offshore or other hazardous areas? ☐ Yes ☐ No

What are the maximum mission altitudes? \_\_\_\_\_

What are the minimum mission altitudes? (Excluding landing.) \_\_\_\_\_

Do your operations include any application of chemicals? ☐ Yes ☐ No

Are any of the UAS's optionally manned? ☐ Yes ☐ No

Are there operations with multiple UAS's flying simultaneously? ☐ Yes ☐ No

**Use this space for explaining "Yes" answers to previous questions. Please use this additional space if necessary and include additional documentation for any answers that you feel need more explanation.**

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I/We authorize the following agent/broker to represent me/us in the placing of this insurance:

Name of Broker: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Individual Producer Name: \_\_\_\_\_

Agency License Number Applicable to the Locale of the Policyholder's Address: \_\_\_\_\_

Individual Producer Name: \_\_\_\_\_

Individual Producer License Number Applicable to the Locale of the Policyholder's Address: \_\_\_\_\_

I/We represent that all information provided in this application is true and complete to the best of my/our knowledge and that no relevant information has been withheld. I/We understand that no insurance is in force unless and until Canadian Aviation Insurance Managers, Ltd. (Managers of the CAIG) effects a binder of insurance or issues a policy. It is understood, however, that if insurance is ordered from and accepted by Canadian Aviation Insurance Managers, Ltd., the full amount of premium becomes due and payable immediately. I/We authorize Canadian Aviation Insurance Managers, Ltd. to investigate all or any qualifications or statements contained herein.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

