



# 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**

	<b>Vendor</b>	<b>Current Liability Limit Carried</b>
1.		
2.		
3.		
4.		

**Mission / Purpose of Use**

	<b>Unmanned Aircraft</b>	<b>Mission Description (in detail)</b>
1.		
2.		
3.		
4.		

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

	<b>Name</b>	<b>Position (Mission Commander / PIC)</b>
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.**

**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.**

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: \_\_\_\_\_

