



# Unmanned Aircraft System (UAS) Insurance Application

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: \_\_\_\_\_

Is your Unmanned Aircraft currently registered or in the process of being registered with Transport Canada? Yes      No  
 Do you require a Special Flight Operations Certificate (SFOC)? Yes      No  
 Describe or attach copy of the SFOC: \_\_\_\_\_  
 Has Applicant signed any agreements whereby Applicant has indemnified any suppliers or customers? If "Yes," please provide copies of these agreements. Yes      No

**Loss History and Other Insurance**

Explain Each "Yes" Answer on Page 3.  
 Has Applicant had any UAS claims or losses? (Hull or Liability) Yes      No  
 Has any insurer cancelled, declined or refused to renew any 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: \_\_\_\_\_  
 Name of last or present **General Liability** insurer: \_\_\_\_\_  
 Policy Expiration: \_\_\_\_\_

**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
Unmanned Aircraft Physical Damage Coverage	Not In Flight Deductible \$ In Flight Deductible \$	Please indicate limit of Coverage desired in the UAS schedule below.

### Unmanned Aircraft System Information

Year, Make Model	Registration or Serial Number	Insured Value (Unmanned Aircraft / Control Unit)	Maximum Weight Including Payload	Endurance	Powerplant Piston / Electric / Turbine / Other	Estimated Annual Hours
1.		\$ \$				
2.		\$ \$				
3.		\$ \$				
4.		\$ \$				
5.		\$ \$				
6.		\$ \$				
7.		\$ \$				

Explain Each "Yes" Answer on Page 3.

Geographic areas aircraft usually operated within: \_\_\_\_\_

International operations? If "Yes," please list the countries. \_\_\_\_\_

Yes No

Any use of non-owned unmanned aircraft? \_\_\_\_\_

Yes No

### Additional Equipment

	Cameras / Other Payloads	Serial Number	Value
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.

Do you utilize a 3 <sup>rd</sup> party system for tracking Pilots/Operators/Aircraft/Airspace/Regulations?	Yes	No
Describe operating environment/airspace _____		
Are visual observers used in your UAS operations?	Yes	No
Operations over population center or large groups?	Yes	No
Are there operations offshore or other hazardous areas?	Yes	No
Are there any operations to/from ships?	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
Are multiple UAS's flown from the same control station?	Yes	No
Do you have a formal written Standard Operating Procedure?	Yes	No
Who makes the final go or no-go decision? _____		

**Use this space, or attach a separate sheet if necessary, for explaining "Yes" answers to previous questions.**

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: \_\_\_\_\_  
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: \_\_\_\_\_

