



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 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 rd 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: _____

