



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 indoor operations? Yes No

Are there operations offshore/over large bodies 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

What is your total expected flight hour utilization annually? 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: _____

