

Remotely Piloted Aircraft Systems (UAV) - Supplemental Application

**NOTE: All questions must be completed.
 Coverage provided is for Canada only.
 All Remotely Piloted Aircraft Systems (UAV's) must comply with current Transport Canada Regulations.
 Military Operations and Personal Use Operations are expressly excluded.**

Client Information

Legal Name of Applicant _____
 Mailing Address _____ Postal Code _____
 Email _____ Website _____
 Key Broker Contact _____
 Brokerage Name and Address _____
 Email _____ Website _____

Coverage and Limits

Property Limits: The following must be scheduled Total Purchase Price \$ _____
 U.A.V. Limit (including permanently attached) \$ _____
 U.A.V. Equipment (any equipment not permanently attached (e.g. ground station equipment, cameras, etc.) \$ _____
 Liability Limits Requested \$ _____

General Information

Year _____ Make _____ Model _____ Serial _____
 Weight (kg) _____ Transport Canada Registration Number _____
 Rotary _____ Fixed Wing _____ Other _____
 Power Source (including battery source if applicable) _____
 Indicate type of safety features and redundancy system(s) (e.g. height controllers, maximum distance warning systems, auto detect _____)

Indicate Maximums as per **Manufacturer* and **Expected Use* (where indicated)

Altitude (metres/feet)	Altitude (metres/feet)	Airspeed (knots/mph/mps)	Flight Endurance (hours and minutes)	Range (linear kms)	*Range (linear kms)	Maximum Gross Weight(kg)
<i>*Manufacturer</i>	<i>*Expected Use</i>			<i>*Manufacture</i>	<i>*Expected</i>	

Describe the application and all usages of the U.A.V. (e.g. photography, mapping/surveying, filming, inspection, surveillance etc.)

Indicate the approximate number of flight hours Per month _____ Per year _____
 Is a log of each flight kept YES _____ NO _____
 Is Navigation by Line of Sight _____ GPS _____ Both _____
 If 'GPS' or 'Both' have been selected provide full details as to when 'Visual Line of Sight' only will be used versus that of the 'GPS'

Does the U.A.V. have the ability to fly autonomously, or is manual input required at all
 Please provide full details

Will you provide any services to others and/or rent the UAV to others YES _____ NO _____
 If the answer is 'YES' to any of the above, provide full details

Will any U.A.V. be used to carry a payload (other than cameras) YES _____ NO _____
 If the answer is 'YES' to any of the above, provide full details

Are there internal written policies and procedures in place regarding the use and operation of YES _____ NO _____

Hazardous or Unusual Operations

Indicate if U.A.V. ever operates:

Outside of the Transport Canada Rules for either Basic or Advanced Operations	YES _____	NO _____
If 'YES' Provide Full Details		
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Under poor weather conditions	YES _____	NO _____
Over water	YES _____	NO _____
At night	YES _____	NO _____
Near Power lines	YES _____	NO _____
Indoors	YES _____	NO _____
For racing, at concerts, sporting events, festivals or similar events	YES _____	NO _____
In controlled airspace	YES _____	NO _____

If 'YES' to any of the Hazardous or Unusual Operations provide full details

Operator Information

Provide full information for each Individual that will be operating the U.A.V.

	Operator 1	Operator 2
Name	_____	_____
Date of Birth	_____	_____
Training and Qualifications	_____	_____
Experience (in flight time) in past 12 months	_____	_____
Accidents /Violations/Fines (whether insured or not)	_____	_____
*Indicate Type of Pilot Certificate (Basic, Advanced or SFOC)	_____	_____
*Attach supporting documentation from Transport Canada	_____	_____

Indicate if licensing, training and qualifications for all Operators meets the Transport Canada YES _____ NO _____

If 'NO', provide full details

***Please attach all licensing and certification information for our review Basic or Advanced Pilot Certificate or SFOC (Special Flight Operations Certificate)**

Applicant Acknowledgement

The Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance to the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance based upon such changes. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name	_____	Title/Position	_____
Applicant Signature	_____	Date	_____
Broker Name	_____		
Broker Signature	_____		