

INSURED DETAILS:

1. Named Insured/Company: _____
2. Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
3. Canadian Registered Company: YES NO
4. I hereby acknowledge that it is a condition of insurance coverage that an SFOC permit from Transport Canada be in place or, in the alternative, operations are done in strict compliance with the Transport Canada rules. YES NO
5. I hereby acknowledge that it is a condition of insurance coverage that maintenance is performed in accordance with manufacturer guidelines. YES NO
6. I hereby acknowledge that it is a condition of insurance coverage that a maintenance log book be kept. YES NO
7. I hereby acknowledge that it is a condition of insurance coverage that all operators of drones will have a minimum of 10 hours of UAV operating experience. YES NO
8. a) Do you use any of your Drones for recreational use? YES NO
 b) Do you use any of your Drones for recreational use more than 20% of the overall flight time? YES NO

DRONE ACTIVITIES REQUIRING COVERAGE:

9. Please check off all activities which apply to your drone use:
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Aerial Marketing | <input type="checkbox"/> Crop Management | <input type="checkbox"/> Mapping | <input type="checkbox"/> Search + Rescue |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Employee Training | <input type="checkbox"/> Military (non-combat) | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Atmospheric / Weather Research | <input type="checkbox"/> Farming | <input type="checkbox"/> Photography | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Cargo / Freight Carrying | <input type="checkbox"/> Fire | <input type="checkbox"/> Pipeline / Powerline Patrol | <input type="checkbox"/> Thermal Imagery |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Flight Testing / Demonstration | <input type="checkbox"/> Police | <input type="checkbox"/> Video / Film Production |
| <input type="checkbox"/> Construction / Engineering | <input type="checkbox"/> Industrial | <input type="checkbox"/> Real Estate Sales | <input type="checkbox"/> Wildlife Observation |
| <input type="checkbox"/> List all other uses not listed above | | | |
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DRONE / UAV INFORMATION: (Include airframe, payload, launch station and ground control station in unit value)

Year	Make	Model	Serial Number	Max Weight	Value - Drone	Value - Parts & Accessories
				kgs	\$	\$
				kgs	\$	\$
				kgs	\$	\$
				kgs	\$	\$
				kgs	\$	\$
				kgs	\$	\$
TOTAL:					\$	\$

CLAIMS / OCCURENCES:

10. Has the company or UAV operator had a claim or uninsured loss to a UAV, or liability incident resulting from a UAV, in the last 5 years? YES NO
 a) If yes, please provide an explanation including date of claim, claimant's name, nature of claim, amount of indemnity payment, defense costs, final dispositions or current status of claim.

11. Has the company or UAV operator ever had insurance refused or cancelled? YES NO

COVERAGE REQUESTED:

COVERAGE <input type="checkbox"/> All Risks <input type="checkbox"/> Specified Perils	TOTAL LIMIT REQUIRED	DEDUCTIBLE
SECTION 1 - PHYSICAL LOSS OR DAMAGE – DRONE / UAV	<input type="checkbox"/> \$ _____	<input type="checkbox"/> 10% of limit or min \$250
SECTION 2 - PHYSICAL LOSS OR DAMAGE – PARTS AND ACCESSORIES	<input type="checkbox"/> \$ _____	<input type="checkbox"/> 10% of limit or min \$250
SECTION 3 - THIRD PARTY LIABILITY:	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$250
<i>Optional Coverages: (additional premium will apply)</i> INVASION OF PRIVACY COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO CHEMICAL LIABILITY EXTENSION <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> \$ _____ <input type="checkbox"/> \$ _____	

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name:	Position Held:
Applicant's Signature:	Date:
Brokerage:	Broker Name:
Broker Email:	Broker phone:

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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