

**INSURED DETAILS:**

1. Named Insured/Company: \_\_\_\_\_
2. Policy Number: \_\_\_\_\_
3. Have there been any changes in activities which apply to your drone use?  YES  NO  
If yes, Please describe: \_\_\_\_\_
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. Do you use any of your Drones for recreational use?  YES  NO  
If yes, do you use any of your Drones for recreational use more than 20% of the overall flight time?  YES  NO
9. Have there been any changes in property limits from last year? If yes, Please provide the renewal limits required.

**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	\$	\$
<b>TOTAL:</b>					<b>\$</b>	<b>\$</b>

**CLAIMS / OCCURENCES:**

10. Is the company or UAV operator aware of any claim(s) or uninsured loss(es) to a UAV, or liability incident resulting from a UAV in the last 12 months?  YES  NO  
If yes, please describe: \_\_\_\_\_

**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.**

<b>Applicant's Name:</b>	<b>Position Held:</b>
<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Brokerage:</b>	<b>Broker Name:</b>
<b>Broker Email:</b>	<b>Broker phone:</b>

*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 - [processingcommercial@premiergroup.ca](mailto:processingcommercial@premiergroup.ca) \*\***

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