RPAS / UAV / DRONE Insurance Application

Name & Address of Insured:

Website:

RPAS TYPE (Remotely Piloted Air System: Complete operating system including airframe, payload, launch station and Ground Control Station)

How many RPAS airframes do you have per GCS?   One   Two   Three
(GCS: Ground Control Station: including launch system, flight control and mission specific hardware & software, communications equipment.

Date of Manufacture & Make & Model (s) for each RPAS airframe:
Maximum take off Mass (MTOM)   KG's including airframe, navigation, comms, payload
Maximum operating Altitude: Metres
Maximum range: KM
Maximum Endurance: Minutes
Serial Number of UAV (required to bind):

LAUNCH & RECOVERY:

Does the RPAS take off using conventional undercarriage:	Yes	No
Does the RPAS take off using launch rail:	Yes	No
Does the RPAS take off using rocket assisted:	Yes	No
Is the take off / launch / a/o recovery / landing fully autonomous:	Yes	No
Is the take off / launch a/o recovery / landing use an external pilot?	Yes	No
Does the RPAS recover / land using a recovery net:	Yes	No
Does the RPAS recover / land using a parachute:	Yes	No
Does the RPAS recover / land using conventional landing on undercarriage	Yes	No

NAVIGATION & RPAS COMMS:

Line of Sight:	Yes	No
GPS:	Yes	No
Navigation system & flight control software:		
Does the RPAS have the ability to fly autonomously	Yes	No
Does the RPAS require manual input at all times:	Yes	No

Flight Control communications (type & range) (single or dual comms link)

OPERATIONS: Territory is Canada only. If additional territories are required, please provide additional information regarding any operations outside of Canada for Underwriters review.

Descriptions of Operations: Photography / Videography
 (only Non-Recreational Uses are Insurable.   Surveying
Recreational uses are not covered under this policy)   Crop Monitoring

If Other, please describe:

Operating Environments (with % of each)   Rural   %   Urban   %

Anticipated Annual Usage (in hours) for each RPAS airframe: Annual Hours

Will any hazardous flying take place?   Yes   No
(poor weather conditions, poor visibility, night flights, near to power lines)

Please confirm a log is kept for each flight / mission   Yes   No

Which Transport Canada Pilot certificate will you be operating under: Basic Operations

                                                             Advanced Operations

GCS MANAGEMENT & OPERATORS:

Name Of Operator:	Experience (hourly) In this RPAS	Experience (hourly) In all RPAS
Operator #1		
Operator #2		
Operator #3		

Provide details of any Transport Canada accredited training course / manufacturers seminars / on-line classes
(anything that provides a "Successfully Completed" Certificate at the end as proof of completion)

Third Party Liability $500,000 Limit
As required by Transport Canada: Covers liability to third parties $1,000,000 Limit
for third party direct loss/damage consequential of RPAS failure. $2,000,000 Limit
Does not cover third parties consequential losses $5,000,000 Limit
(eg Business Interruption)

Physical loss & damage to RPAS   **$**
(loss or damage to RPAS including airframe, payload, launch
station and/or GCS in operating or routine testing environment)

Auxiliary Equipment / Spares Extension   **$**
(Physical loss or damage to RPAS spares, whilst not attached to the UAV)
Please provide a breakdown of items including S/N's & values

Has the company or any of its RPAS Managers, operators or engineers previously been refused insurance
coverage?   Yes   No

Any losses / incidents / claims (insured or not insured):   Yes   No

DECLARATION: I/we declare that the statement and declarations made above are true and that no information has been withheld
that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the
application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Insurers may
investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is
bound under this application form until such time as coverage is confirmed by an authorized person in writing.

Date: Signature of Insured:

Name of Agent / broker:

Address of Agent / broker: