

UAV / UAS Application Form

APPLICANT DETAILS				
Name:				
Street Address:				
City:	Province:	Postal Code:		
UAV / UAS DETAILS				
	UAV 1	UAV 2	UAV 3	
Make and Model				
Serial Number				
Type: Rotary or Fixed Wing				
Maximum gross take-off weight including payload (kg)				
OPERATOR INFORMATION				
	Operator 1	Operator 2	Operator 3	
Name				
Total UAV hours rotor wing				
Total UAV hours fixed wing				
Does operator have SFOC?				
Ground school completed?				
USES (check all that apply)				
Commercial	Photography/Filming	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>
	Inspection/Survey	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
Private/Recreational	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
AREA OF OPERATION				
Canada	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Elsewhere (please specify)				
LIABILITY LIMIT REQUIRED				
\$100,000* <input type="checkbox"/>	\$500,000 <input type="checkbox"/>			
\$1,000,000 <input type="checkbox"/>	Other: (please specify)			
*Transport Canada minimum				
HULL COVERAGE REQUIRED (Minimum \$5,000)				
If yes, state value of UAV				
UAV 1	UAV 2	UAV 3		

DETAILS OF ANY CLAIMS RELATED TO UAV/UAS LAST 5 YEARS

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The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers Ltd. in writing.

Applicant's Signature	Date
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Broker's Name	Contact
Email	Phone