**DRONES (UAVs)-** Application for Insurance

**Instead of completing this application form, consider trying** [***JET***](https://jet.forwardinsurance.ca/Public/AgentRetrieveQuoteCrossPackage)**, our self-serve platform.**

[***JET***](https://jet.forwardinsurance.ca/Public/AgentRetrieveQuoteCrossPackage) **is the quickest path to quotes and policy issuance. A modern way** [**FORWARD**](https://jet.forwardinsurance.ca/Public/AgentRetrieveQuoteCrossPackage)**.**

**PLEASE READ CAREFULLY** ‐ Please review this application in detail for accuracy.  If there are any misrepresentations or omissions in the application, any insurance quote is deemed to be void, and any subsequent insurance policy will be rendered null and void from inception

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
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| Contact Email Address:  *(Required for e-signatures)* | | | | | | | |  | | | | | | | | | | | | | |
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| Applicant(s) Legal Name(s): | | | | | | | |  | | | | | | | | | | | | | |
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| Province (Mailing Address): | | | | | | | |  | | | |  | | | | | | | | | |
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| **Loss History** | | | | | | | |  | | | | | | | | | | | | | |
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| Has the applicant had any UAV incidents or losses (whether insured or not) in the last 5 years? | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
|  | If yes, describe: | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | |
| Have any applicant's operators had any UAV incident or loss (whether insured or not) in the last 5 years? | | | | | | | | | | | | | | | | | | | Yes  No | | |
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|  | If yes, describe: | | | |  | | | | | | | | | | | | | | | | |
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| Has insurance ever been cancelled or refused to the company or UAV operator? if yes, provide details: | | | | | | | | | | | | | | | | | | | Yes  No | | |
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|  | If yes, describe: | | | |  | | | | | | | | | | | | | | | | |
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| **RISK INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
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| **OPERATIONS** | | | | |  | | | | | | | | | | | | | | | | |
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| Select all operations that apply to the UAV(s): | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | Aerial Marketing | | | | | | | | Agricultural (Crop management, farming) | | | | | | | | Atmospheric/ Weather Research | | | | |
|  | Cargo/ Freight | | | | | | | | Construction/ Engineering | | | | | | | | Firefighting industry | | | | |
|  | Fisheries | | | | | | | | Forestry | | | | | | | | Hydro/ Powerline | | | | |
|  | Oil and Gas/ Pipelines | | | | | | | | Photography or Videography | | | | | | | | Real Estate Sales or Appraisal | | | | |
|  | Search and Rescue | | | | | | | | Surveying Lands | | | | | | | | Wildlife/ Marine life observation | | | | |
|  |  | | | | | | | |  | | | | | | | |  | | | | |
|  | Are there any operations that have not been declared in the above list? | | | | | | | | | | | | | | | | | | Yes  No | | |
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|  |  | | If yes, describe: | | |  | | | | | | | | | | | | | | | |
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| **DESCRIPTION OF UAV(s)** | | | | | | | | |  | | | | | | | |  | | | | |
|  |  | | | | | | | |  | | | | | | | |  | | | | |
| Please list all UAV(s) requiring coverage under this policy (Property coverage is optional) | | | | | | | | | | | | | | | | |  | | | | |
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|  |  | | | **Year** | | | | **Manufacturer** | | | | | **Weight (kgs)** | | | **Serial No.** | | | | | **Property Coverage**  **Required?** |
|  | **UAV 1** | | |  | | | |  | | | | |  | | |  | | | | | Yes  No |
|  |  | | |  | | | |  | | | | |  | | |  | | | | |  |
|  | **UAV 2** | | |  | | | |  | | | | |  | | |  | | | | | Yes  No |
|  |  | | |  | | | |  | | | | |  | | |  | | | | |  |
|  | **UAV 3** | | |  | | | |  | | | | |  | | |  | | | | | Yes  No |
|  |  | | |  | | | |  | | | | |  | | |  | | | | |  |
|  |  | | |  | | | |  | | | | |  | | |  | | | | |  |
|  | If property cover is required please fill in the following: | | | | | | | | | | | |  | | |  | | | | |  |
|  |  | | |  | | | |  | | | | |  | | |  | | | | |  |
|  |  | | | **Value of UAV** | | | | **Value of Parts & Accessories** | | | | |  | | |  | | | | |  |
|  | **UAV 1** | | | $ | | | | $ | | | | |  | | |  | | | | |  |
|  |  | | |  | | | |  | | | | |  | | |  | | | | |  |
|  | **UAV 2** | | | $ | | | | $ | | | | |  | | |  | | | | |  |
|  |  | | |  | | | |  | | | | |  | | |  | | | | |  |
|  | **UAV 3** | | | $ | | | | $ | | | | |  | | |  | | | | |  |
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| **REQUIREMENTS FOR COVERAGE** | | | | | | | | | | | | |  | | |  | | | | |  |
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| The Applicant will only operate the UAV(s) for the Operations described herein. | | | | | | | | | | | | | | | | | | | Yes  No | | |
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| The Applicant must maintain the UAV(s) to be airworthy and in proper working order in accordance with the manufacturer's guidelines and usual standards. | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| The Applicant has all necessary permits and licences as required by local law. | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| The Applicant will be in strict compliance with Transport Canada rules. | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| The Applicant will only operate the UAV(s) in accordance with regulations and laws. | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| The Applicant will only operate the UAV(s) during daytime. | | | | | | | | | | | | | | | | | | | Yes  No | | |
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| The Applicant will only operate the UAV(s) up to a maximum height of 400 feet above ground level. | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| The Applicant must maintain and upkeep all log books, records and documents in connection with the UAV(s), and UAV Parts & Accessories, and produce them when requested | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| The Applicant will always utilize the Return to Home function on the UAV(s) if available. | | | | | | | | | | | | | | | | | | | Yes  No | | |
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| The Applicant will ensure that prior to using the UAV(s) for any Business or Commercial operations, all UAV operators will have completed formal UAV training or a manufacturer's training course OR had at least 10 hours UAV Flight experience. | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| The UAV(s) will be used strictly within Canada. | | | | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| **COVERAGES** | | | | | | | | | | | | | | | | | | |  | | |
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| Select a Liability limit: | | | | $1,000,000 | | | | | | $2,000,000 | | | | | $5,000,000 | | | | |  | |
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| **ISSUANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
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| Proposed Effective Date (MM/DD/YYYY): | | | | | | |  | | | | | |  | | | | | |  | | |
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| **MAILING ADDRESS:** | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| Address: | |  | | | | | | | | | | | City: |  | | | | | | | |
|  | |  | | | | | | | | | | |  |  | | | | | | | |
| Province: | |  | | | | | | | | | | | Postcode/ ZIP Code: | | |  | | | | | |
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| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS LTD. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.**  Forward Insurance Managers Ltd. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | | | | |  | | | |
| **Applicant’s Signature:** | | |  | | | | | | | | **Date:** | | | |  | | | | | | |
| **Brokerage:** | | |  | | | | | | | | **Broker ID:** | | | |  | | | | | | |
| **Broker Email:** | | |  | | | | | | | | **Phone:** | | | |  | | | | | | |

**Email completed apps to newcommercial@forwardinsurance.ca or for the quickest turnaround, log in to *JET*.**