

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 / UAS INFORMATION: (Include non-detachable payload(s) and/or detachable payloads(s))

Year	Make	Model	Serial Number	Max Weight	Insured Hull Value
				kgs	\$
				kgs	\$
				kgs	\$
TOTAL:					\$

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: _____

DECLARATION / CONSENT:

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 - processingcommercial@premiergroup.ca ****

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