

NON-OWNED UAV LIABILITY APPLICATION

Named Insured: _____

Named Insured Address: _____

Where (City / Province) will the UAV be used: _____

Coverage required from: _____ to: _____

Non-owned Liability limit required: _____

Number of UAV's being used: _____

Type (s) of UAV's being used: _____

MTOM (s) of UAV's being used: _____

Purpose of Use of UAV / Reason for policy: _____

Estimated number of flights: _____

Estimated number of hours of use: _____

Operator provided by UAV owner: Yes No

Or is the Operator employed by the Named Insured? Yes No

Details of any low level, stunt or hazardous flying inc flying over crowds (if none confirm):

Is our Named Insured added as an Additional Insured to the UAV Owners Aviation / UAV Policy?: Yes No

Does the UAV owner / operator carry a minimum of \$1mil Aviation Liability Limits Yes No

LOSS HISTORY

Describe any insured or not insured losses you or your operation has had in the past 5 years, including date of loss, details of the accident and amount of loss.

INSURANCE HISTORY

Describe if any Insurer has cancelled, declined or refused you or your operation insurance coverage?

Current Insurer: _____

Expiry Date: _____

Expiring Premium: _____

Name of Agent or Broker: _____

Brokerage Mailing Address: _____

Brokerage Email & Telephone #: _____

IMPORTANT – PLEASE READ CAREFULLY:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting this application.

This application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated and witnessed warranting same.

Signature of Insured

Date