

# SRIM UAV APPLICATION

**BROKER INFORMATION:**

Brokerage			Location		
Contact		Email		Phone	

**APPLICANT INFORMATION:**

Name of Owner(s)			O/A:		
Mailing Address					
Phone		Website			

Is there a Previous Insurer?  Yes  No Name of Previous Insurer? \_\_\_\_\_ Is renewal being offered?  Yes  No

Has the named insured ever been refused or cancelled coverage of any kind?  Yes  No

Has the insured or any approved operator had any UAV claims (insured or not insured) for the last 5 years? If yes, please provide Date of Claim, Type, Desc, \$ Loss: \_\_\_\_\_

**UAV / Drone Activities: Please identify the activities for which these drones will be used.**

**Please select all activities that apply:**

Commercial Photography	Commercial Mapping & Survey	Commercial Filming
Commercial Aerial Inspection	Commercial Surveillance	Commercial Agriculture
Commercial Videography	Personal Use/Other	Commercial Other

**Underwriting Information:**

Are all drones flown exclusively under Line of Sight Control?  Yes  No

Are any drones used more than 250 hours per year?  Yes  No

Are any UAV / drones custom-built?  Yes  No

How many units will be flying at any one time? \_\_\_\_\_

Liability Limits: \$500,000   
 \$1,000,000   
 \$2,000,000   
 \$5,000,000

Apply a \$500 liability deductible for \$50 off the liability premium?  Yes  No

(Covers liability to 3<sup>rd</sup> parties for 3<sup>rd</sup> party direct loss / damage consequential of UAV / Drone failure. Does not cover 3<sup>rd</sup> party consequential loss (ie: Business Interruption))

Would you also like a quote for physical damage that may occur to your UAV/drone(s), related equipment, ground control equipment, or spare parts?  Yes  No

**PILOT(S) INFORMATION**

Name	Experience (# of Hours)	Have you completed a Transport Canada accredited training course/on-line classes/manufacture's seminars (anything that provides a "Successfully completed" certificate at the end as proof of completion? Yes Or No

**UAV/Drone System Details**

Year	Make	Model	Serial #	Max Take off Mass (MTOM) Incl Payload	Flight (Rotor/Fixed Wing)	Replacement Cost

**UAV/Drone Equipment & Accessories (A description and serial number are required for any item that exceeds \$1000.)**

Equipment or Accessory	Replacement Cost	Serial #

**NAVIGATION & RPAS COMMS:**

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

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

- Operating Environments (with % of each) Rural \_\_\_\_\_ % Urban \_\_\_\_\_ %
- Anticipated Annual Usage (in hours) for each UAV / Drone airframe: Annual Hours \_\_\_\_\_
- Will any hazardous flying take place?  Yes  No
- (ie: 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

**Loss Payee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Additional Insured**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

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 qualifications 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 authorized person in writing.

Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_