



**Unmanned Air Vehicle Hull & Liability Application**

NAMED INSURED: _____		HOME PHONE: _____	FAX: _____			
ADDRESS: _____		PROVINCE: _____	POSTAL CODE: _____			
EMAIL ADDRESS: _____		MOBILE PHONE: _____	WORK PHONE: _____			
<input type="checkbox"/> NEW POLICY <input type="checkbox"/> POLICY RENEWAL   CURRENT POLICY EXPIRY: _____		HOW DID YOU HEAR ABOUT AIR1? _____				
CURRENT BROKER: _____	YEARS WITH: _____	CURRENT UNDERWRITER: _____	YEARS WITH: _____			
I would also like to receive a quote for the following:		<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> Farm	<input type="checkbox"/> Marine	<input type="checkbox"/> Other
Expiry Dates:		,20__	,20__	,20__	,20__	,20__
HAS ANY INSURER CANCELLED OR REFUSED TO RENEW YOUR INSURANCE POLICY IN THE PAST 5 YEARS?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
GEOGRAPHICAL AREA OF OPERATION: _____						

**Liability Coverage**

SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY:	
LIMIT OF LIABILITY DESIRED:	\$ _____
OTHER LIABILITY:	\$ _____
MEDICAL EXPENSE COVERAGE:	\$ _____

**Physical Damage Coverage**

UNMANNED AIR VEHICLE (IF MULTIPLE UAV OR FLEET, PLEASE PROVIDE INFORMATION ON SEPARATE SHEET)	
TYPE: <input type="checkbox"/> FIXED WING <input type="checkbox"/> ROTARY WING	UAV BASED AT: <input type="checkbox"/> AIRPORT: _____ <input type="checkbox"/> LOCATION: _____

	YEAR:	MAKE:	MODEL:	SERIAL NO. OR ID:	UAV VALUE:	CONTROL STATION VALUE:	ANNUAL UTILIZATION
1							
2							
3							
4							

	TEST FLIGHT HOURS:	MTOW:	PAYLOAD WEIGHT:	WING SPAN:	SFOC IN PLACE?	APPLYING FOR SFOC?
1					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
4					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



DESCRIBE THE APPLICATION/USAGE OF THE UAV: (I.E. PHOTOGRAPHY, AGRICULTURAL, EXPLORATION, TRANSPORTATION, ETC.)

IS THE APPLICANT A MANUFACTURER OR END USER:
PRIMARY LOCATION THE UAV(S) WILL BE OPERATED:
MAXIMUM ENDURANCE (FLIGHT DURATION) OF UAV:
TOP SPEED OF UAV:
DOES THE UAV HAVE 'AUTO-LAND' OR 'RETURN-TO-HOME' CAPABILITY:
HOW MANY UAV UNITS DOES THE APPLICANT OWN OR OPERATE:
IS THE UAV POWERED BY A GAS OR ELECTRIC POWER PLANT:
IS THE UAV DESIGNED TO DEPLOY / DROP PAYLOAD OR OTHER ITEMS:
HOW LONG HAVE THE MAKE AND MODEL(S) IN USE BEEN FLYING:
WHERE WILL REPLACEMENT PARTS AND/OR SPARES BE PURCHASED:

LIENHOLDER:	NAME:	ADDRESS:
	LIEN AMOUNT:	
LOSS PAYEE:		

**Pilots**

	PILOT 1	PILOT 2	PILOT 3	PILOT 4
NAME:				
DATE OF BIRTH: (DD/MM/YYYY)				
LICENSE:				
TOTAL UAV HOURS				
UAV TIME PAST 12 MONTHS				
UAV TIME ON MODEL TO BE INSURED				
ACCIDENTS, VIOLATIONS, INCIDENTS IN PAST 5 YEARS*:  (If needed, provide more details on back of page.)				

\*Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss.



<b>PILOTS ARE:</b>	<input type="checkbox"/> EMPLOYEES OF THE APPLICANT	<input type="checkbox"/> CONTRACTED PILOTS	<input type="checkbox"/> OTHER:
<b>PILOTS HAVE COMPLETED:</b>	<input type="checkbox"/> FORMAL UAV PILOT OR OPERATOR TRAINING (PROVIDE DETAILS):		

**Additional Information**

DOES APPLICANT CURRENTLY HOLD A SPECIAL FLIGHT OPERATING CERTIFICATE (IF APPLICABLE)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
UAV MAINTENANCE OR REPAIRS PROVIDED BY:		
DOES APPLICANT OWN OR EXCLUSIVELY LEASE ANY OTHER UAV'S?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL ANYONE OTHER THAN NAMED PILOTS OPERATE INSURED'S UAV?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES APPLICANT HAVE ANY NON-OWNED AIRCRAFT OR UAV EXPOSURE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS APPLICANT EVER HAD INSURANCE DENIED OR CANCELLED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS APPLICANT OR NAMED PILOT EVER HAD ANY CONVICTIONS, OR LICENSE SUSPENSIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE APPLICANT PROVIDE TRAINING IN THE OPERATION OF UAV'S?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES TO ANY ABOVE QUESTIONS, PROVIDE DETAILS BELOW:		

**Operations**

<b>OPERATING BODY:</b>	<input type="checkbox"/> PRIVATE (CIVIL)	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER (DESCRIBE):			
<b>OPERATING ENVIRONMENT:</b>	<input type="checkbox"/> URBAN	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> RURAL	<input type="checkbox"/> COASTAL	<input type="checkbox"/> MARITIME	<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	<input type="checkbox"/> OTHER (DESCRIBE):
<b>FLIGHT CONDITIONS:</b>	<input type="checkbox"/> LOW LEVEL	<input type="checkbox"/> HIGH LEVEL	<input type="checkbox"/> PATTERNED	<input type="checkbox"/> IFR CONDITIONS	<input type="checkbox"/> NIGHT	<input type="checkbox"/> LINE OF SIGHT	<input type="checkbox"/> OTHER (DESCRIBE):	

**DECLARATION:** I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of my contract between myself and global aerospace. This application does not commit the insurer to any liability nor make the applicant liable for any premium unless the insurer agrees in writing that coverage has been bound.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_