



**Unmanned Air Vehicle Hull & Liability Application**

NAMED INSURED: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

NEW POLICY  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?  YES  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:  FIXED WING  ROTARY WING UAV BASED AT:  AIRPORT: \_\_\_\_\_

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



### Activities Requiring Coverage:

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

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> POLICE                         | <input type="checkbox"/> FIRE                           | <input type="checkbox"/> SEARCH + RESCUE             | <input type="checkbox"/> SURVEILLANCE      |
| <input type="checkbox"/> PHOTOGRAPHY                    | <input type="checkbox"/> WILDLIFE OBSERVATION           | <input type="checkbox"/> CONSTRUCTION / ENGINEERING  | <input type="checkbox"/> INDUSTRIAL        |
| <input type="checkbox"/> VIDEO / FILM PRODUCTION        | <input type="checkbox"/> COMMUNICATIONS                 | <input type="checkbox"/> PIPELINE / POWERLINE PATROL | <input type="checkbox"/> CROP MANAGEMENT   |
| <input type="checkbox"/> THERMAL IMAGERY                | <input type="checkbox"/> AERIAL MARKETING               | <input type="checkbox"/> EMPLOYEE TRAINING           | <input type="checkbox"/> REAL ESTATE SALES |
| <input type="checkbox"/> MAPPING                        | <input type="checkbox"/> MILITARY (NON-COMBAT)          | <input type="checkbox"/> CARGO / FREIGHT CARRYING    | <input type="checkbox"/> SURVEYING         |
| <input type="checkbox"/> FLIGHT TESTING / DEMONSTRATION | <input type="checkbox"/> ATMOSPHERIC / WEATHER RESEARCH |  |  |
| <input type="checkbox"/> OTHER USES NOT LISTED ABOVE:   |   |  |  |

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:  YES  NO

IF YES, IS THIS ACTIVATED ON EACH FLIGHT?  YES  NO

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:

### Additional Information

DOES APPLICANT CURRENTLY HOLD A SPECIAL FLIGHT OPERATIONS CERTIFICATE FROM TRANSPORT CANADA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES, SFOC #:	IF NO, DO YOU MEET ALL REQUIREMENTS FOR SFOC EXEMPTION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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UAV MAINTENANCE OR REPAIRS PROVIDED BY:

IS MAINTENANCE PERFORMED IN ACCORDANCE WITH MANUFACTURER GUIDELINES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IS A MAINTENANCE LOG BOOK KEPT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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DOES APPLICANT OWN OR EXCLUSIVELY LEASE ANY OTHER UAV'S?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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WILL ANYONE OTHER THAN NAMED PILOTS OPERATE INSURED'S UAV?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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DOES APPLICANT HAVE ANY NON-OWNED AIRCRAFT OR UAV EXPOSURE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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HAS APPLICANT EVER HAD INSURANCE DENIED OR CANCELLED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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HAS APPLICANT OR NAMED PILOT EVER HAD ANY CONVICTIONS, OR LICENSE SUSPENSIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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DOES THE APPLICANT PROVIDE TRAINING IN THE OPERATION OF UAV'S?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES TO ANY ABOVE QUESTIONS, PROVIDE DETAILS BELOW:



<b>LIENHOLDER:</b>	<b>NAME:</b>	<b>ADDRESS:</b>
	<b>LIEN AMOUNT:</b>	
<b>LOSS PAYEE:</b>		

**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):
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<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"/> NEAR POWERLINES	<input type="checkbox"/> OTHER (DESCRIBE):
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<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):
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**NUMBER OF UNITS IN THE AIR AT ANY ONE TIME:**       1       2

PLEASE PROVIDE ADDITIONAL INFO IF MORE THAN 2:

**Operators**

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

\*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:
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<b>PILOTS HAVE COMPLETED:</b>	<input type="checkbox"/> FORMAL UAV PILOT OR OPERATOR TRAINING (PROVIDE DETAILS):
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**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 Air1 Insurance. 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:** \_\_\_\_\_