

## Drone - Supplemental Application

**NOTE: All questions must be completed.  
Coverage provided is for Canada only.  
All Remotely Piloted Aircraft Systems (UAV's) must comply with current Transport Canada Regulations.**

### Client Information

Legal Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Key Broker Contact \_\_\_\_\_

Brokerage Name and Address \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Coverage and Limits

Property Limits: The following must be scheduled \_\_\_\_\_ Total Purchase Price \$ \_\_\_\_\_

Drone Limit (including permanently attached equipment) \$ \_\_\_\_\_

Drone Equipment any equipment not permanently attached (e.g. ground station equipment, cameras, etc.) \$ \_\_\_\_\_

Liability Limits Requested \$ \_\_\_\_\_

### General Information

Category Microdrone under 250g \_\_\_\_\_ Advanced Operations (250g – 25kg) \_\_\_\_\_ Medium or Large (over 25kg) \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Serial \_\_\_\_\_

Weight (kg) \_\_\_\_\_ Transport Canada Registration Number \_\_\_\_\_

Power Source (including battery source if applicable) \_\_\_\_\_

Indicate type of safety features and redundancy system(s) (e.g. height controllers, maximum distance warning systems, auto detect and avoid systems) \_\_\_\_\_

Indicate Maximums as per *\*Manufacturer* and *\*Expected Use* (where indicated)

Altitude (metres/feet)	Altitude (metres/feet)	Airspeed (knots/mph/mps)	Flight Endurance (hours and minutes)	Range (linear kms)	*Range (linear kms)	Maximum Gross Weight(kg)
<i>*Manufacture</i>	<i>*Expected Use</i>			<i>*Manufacture</i>	<i>*Expected</i>	

Describe the application and all usages of the U.A.V. (e.g. photography, mapping/surveying, filming, inspection, surveillance etc.) \_\_\_\_\_

Indicate the approximate number of flight \_\_\_\_\_ Per month \_\_\_\_\_ Per year \_\_\_\_\_

Is a log of each flight kept YES \_\_\_\_\_ NO \_\_\_\_\_

Is Navigation by Line of Sight \_\_\_\_\_ GPS \_\_\_\_\_ Both \_\_\_\_\_

If 'GPS' or 'Both' have been selected provide full details as to when 'Visual Line of Sight' only will be used versus that of the 'GPS' \_\_\_\_\_

Does the drone have the ability to fly autonomously, or is manual input required at all times.  
Please provide full details \_\_\_\_\_

Will you provide any services to others and/or rent the drone to others YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is 'YES' to any of the above, provide full details \_\_\_\_\_

Will any drone be used to carry a payload (other than cameras) YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer is 'YES' to any of the above, provide full details \_\_\_\_\_

Are there internal written policies and procedures in place regarding the use and operation of YES \_\_\_\_\_ NO \_\_\_\_\_

### Hazardous or Unusual Operations

Indicate if U.A.V. ever operates:

Under poor weather conditions	YES	_____	NO	_____
Over water	YES	_____	NO	_____
At night	YES	_____	NO	_____
Near Power lines	YES	_____	NO	_____
Indoors	YES	_____	NO	_____
For racing, at concerts, sporting events, festivals or similar events	YES	_____	NO	_____
In controlled airspace	YES	_____	NO	_____
For 'Sheltered Operations' as per Transport Canada	YES	_____	NO	_____
For Extended Visual Line of Sight (EVLOS) Operations	YES	_____	NO	_____

If 'YES' to any of the Hazardous or Unusual Operations provide full details

### Operator Information

Provide full information for each Individual that will be operating the U.A.V.

	Operator 1	Operator 2
Name	_____	_____
Date of Birth	_____	_____
Training and Qualifications	_____	_____
Experience (in flight time) in past 12 months	_____	_____
Accidents /Violations/Fines (whether insured or not)	_____	_____
*Indicate Type of Pilot Certificate (Basic, Advanced or Level 1 Complex)	_____	_____
*Attach supporting documentation from Transport Canada	_____	_____

Indicate if licensing, training and qualifications for all Operators meets the Transport Canada YES \_\_\_\_\_ NO \_\_\_\_\_

If 'NO', provide full details

**\*Please attach all licensing and certification information for our review applicable to Basic, Advanced or Level 1 Complex Operations**

### Applicant Acknowledgement

The Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. The Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance to the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance based upon such changes. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

<b>Applicant Name</b>	_____	<b>Title/Position</b>	_____
<b>Applicant Signature</b>	_____	<b>Date</b>	_____
<b>Broker Name</b>	_____		
<b>Broker Signature</b>	_____		