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| Remotely Piloted Aircraft Systems (UAV) - Supplemental Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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.**  **Military Operations and Personal Use Operations are expressly excluded.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Client Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name of Applicant | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postal Code | | | | | | | | | | | |  | | | | |
| Email | | | | | | | | | | | |  | | | | | | | | | | | | | | | Website | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Broker Contact | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brokerage Name and Address | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email | | | | | | | | | | | |  | | | | | | | | | | | | | | | Website | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Coverage and Limits** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Limits: The following must be scheduled separately | | | | | | | | | | | | | | | | | | | Total Purchase Price | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | |  | | | | | | | |
| U.A.V. Limit (including permanently attached equipment) | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U.A.V. Equipment (any equipment not permanently attached (e.g. ground station equipment, cameras, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | |  | | | | | | | |
| Liability Limits Requested | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year | | Lin | | | | | Make | | | | |  | | | | | | | | Model | | | | |  | | | | | | | | | | | Serial Number | | | | | | | | | | | |  | | | | | | | | | |
| Weight (kg) | | | |  | | | | | Transport Canada Registration Number | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rotary | |  | | | | | | Fixed Wing | | | | | |  | | | | | | | | | | | | | | | Other (Please Specify) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate Maximums as per *\*Manufacturer* and *\*Expected Use* (where indicated) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Altitude | | | | | Altitude | | | | | | Airspeed | | | | | | | | | Flight Endurance | | | | | | | | Range | | | | | | | | | | \*Range | | | | | | | | | | | Maximum Gross Take-off | | | | | | | | |
| (metres/feet) | | | | | (metres/feet) | | | | | | (knots/mph/mps) | | | | | | | | | (hours and minutes) | | | | | | | | (linear kms) | | | | | | | | | | (linear kms) | | | | | | | | | | | Weight(kg) | | | | | | | | |
| *\*Manufacturers* | | | | | *\*Expected Use* | | | | | |  | | | | | | | | |  | | | | | | | | *\*Manufacturers* | | | | | | | | | | *\*Expected Use* | | | | | | | | | | |  | | | | | | | | |
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| Describe the application and all usages of the U.A.V. (e.g. photography, mapping/surveying, filming, inspection, surveillance etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate the approximate number of flight hours | | | | | | | | | | | | | | | | 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' system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the U.A.V. have the ability to fly autonomously, or is manual input required at all times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Will you provide any services to others and/or rent the UAV to others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | |  | | | | | | | | | NO | | |  | | | |
| If the answer is 'YES' to any of the above, provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Will any U.A.V. be used to carry a payload (other than cameras) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | | | | | | NO | | |  | |  |
| If the answer is 'YES' to any of the above, provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are there internal written policies and procedures in place regarding the use and operation of the U.A.V.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | | | | | | NO | | |  | |  |
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| **Hazardous or Unusual Operations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate if U.A.V. ever operates: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Outside of the Transport Canada Rules for either Basic or Advanced Operations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | | | | | | NO | | |  | | |
|  | If 'YES' Provide Full Details | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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 | | | |  | |
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| If 'YES' to any of the Hazardous or Unusual Operations provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 SFOC) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| \*Attach supporting documentation from Transport Canada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicate if licensing, training and qualifications for all Operators meets the Transport Canada Guidelines | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | |  | | | | | | | | | NO | | |  | | |
| If 'NO', provide full details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\*Please attach all licensing and certification information for our review Basic or Advanced Pilot Certificate or SFOC (Special Flight Operations Certificate)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **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 | | | |
| 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. | | | |
|  | | | |
| **Applicant Name** |  | **Title/Position** |  |
| **Applicant Signature** |  | **Date** |  |
| **Broker Name** |  |  | |
| **Broker Signature** |  |  | |