



## REMOTELY PILOTED AVIATION SYSTEM (RPAS) INSURANCE APPLICATION

<b>Terms Used throughout this Application and in the Policy Forms</b>			
<b>RPAS</b>	Any Remotely Piloted Aviation System commonly known as a UAV, UAS or Drone including the airframe, payload, launch station and Ground Control Station (GCS).	<b>GCS</b>	Ground Control Station. Includes launch system, flight controls, communication equipment and mission control hardware and software.
<b>FAA</b>	Federal Aviation Administration (USA)	<b>GPS</b>	Global Positioning System
<b>NAV Canada</b>	Canada's Civil Air Navigation Services (ANS)	<b>ATC</b>	Air Traffic Control

### Section 1 – Insured Information

Name of Insured

Insured Website

Contact Person

Email

Phone

Mailing Address

Insurance Start Date

Insurance Policy Period Required

Do you have insurance currently? Y/N

Who is your current Insurer?

Expiration Date

Who is your Certifying Authority? (FAA, NAV Canada, Other)

**Please attach your Accreditation and submit with this application**

Do you have a Special Flight Operations Certificate (SFOC) or Certificate of Authorization (COA)? Y/N

<b>Business Operations – Check all that apply to your business and your operations</b>				
	Check Blocks	Annual Receipts (USD)	Number of Employees	Number of Students
RPAS Operator				
RPAS Manufacturer				
RPAS Component Part Developer				
RPAS Educational Facility				
RPAS Repair Facility				



**Section 2 – Business Ownership Information**

Name of Business Owner

Owner Occupation

Name of Chief Flight Officer

List of Other Notable Persons

**Section 3 – Coverage Required**

#	Coverage	Required Limit	Requested Deductible
1	<b>Third Party Liability</b> – Covers Liability to Third Parties for Third Party Direct Loss or Damage consequential to RPAS failure. No coverage to Third Parties for consequential losses such as business interruption.		
2	<b>RPAS Physical Loss / Damage</b> (Including airframe, launch station, GCS hardware, Software and Payloads)		
3	<b>Spares Extension</b> – Physical Loss or Damage to RPAS Spare part NOT ATTACHED to the RPAS System		
4	<b>Premises Liability Extension</b>		
5	<b>Hangarskeepers Liability Extension</b>		
6	<b>Product Liability Extension</b>		
7	<b>Transit Extension</b> – Covers loss or damage to the RPAS while in transit to and from operating areas or manufacturer		
8	<b>War Risk</b>		
	<b>Hull War Extension</b> – Physical Loss or Damage to the RPAS as a consequence of a deliberate or malicious act or act of sabotage.		
	<b>War Liability Extension</b> – Third Party Liability for Loss or Damage as a consequence of a deliberate or malicious act or act of sabotage arising out of the use of the RPAS.		

**NOTE – There is a spreadsheet attached to this Application which details the RPAS systems to be used, pilot qualifications, GCS details and launch and retrieve information. This spreadsheet must be completed and returned with this application or you will not receive a quotation for insurance.**



**Section 4 – RPAS Operations (Please indicate percentage by type of operation and by country)**

#	Operation Type	% of Total Operations	% in USA	% in CAN	% in Other (List)	Total Annual Hours
1	Aerial Photography					
2	Law Enforcement / First Response*					
3	Emergency Management					
4	Forestry					
5	Engineering Verification & Testing					
6	Oil and Gas / Mining					
7	Power/Pipeline Patrol & Monitoring					
8	Survey & Exploration					
9	Agricultural, Livestock & Spraying					
10	Ecological					
11	Educational – Flight Training, R&D					
12	Military / Peace Keeping / Refugee					
13	Commercial Use					
14	Other (Describe Below)					
15	Totals					

***\*If you are a law enforcement or first responder working for a City, County or Municipality and you have a Government mandated limitation of liability please indicate this limitation of liability here \$***

Fully Describe any Hazardous Flying Conditions (Weather, Visibility, Power Lines, Night Operations)

Please provide additional special details pertaining to your operations below:

How long has your company been in business?	
Has the company or any managers, operators or engineers ever been refused coverage? If so please specify.	
Describe Primary Geographic Routes Flown.	
Is a Flight Log kept for each Flight/Mission?	
Primary Legal Jurisdiction for Claims	
Describe any violations that you, your operations or any of your pilots/operators have had within the last 5 years:	



Describe any losses or claims that you have had within the last 5 years:

**Section 5 – Third Party Liability Information (Premises)**

<i>Facility Information</i>	<i>Facility Address</i>	<i>Size (SQ. Ft. or Meters)</i>	<i>Facility Owned or Leased?</i>	<i>Construction Type</i>	<i>Security &amp; Fire Protection</i>	<i>Limit of Insurance Required</i>
Premises 1						
Premises 2						
Premises 3						
Premises 4						
Premises 5						

**Section 6 – RPAS Pilot / Ground Station Operator Information**

<i>#</i>	<i>Pilot Name</i>	<i>Date of Birth</i>	<i>Qualifications Achieved &amp; Date</i>	<i>Total UAV Flying Time</i>	<i>Total Time Fixed Wing</i>	<i>Total Time Rotary Wing</i>	<i>Make &amp; Model to be flown</i>	<i>Total Time in this Make &amp; Model</i>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								



**Section 7 – Others to be Insured under this coverage (Please send all contracts requiring the below)**

<i>Company Name</i>	<i>Address</i>	<i>Required by Contract or Agreement?</i>	<i>Additional Insured Required?</i>	<i>Waiver of Subrogation Required?</i>	<i>Loss Payee?</i>	<i>If Loss Payee list System Details</i>

**Section 8 – Declarations**

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal. I also declare that any system or operations insured herein will comply fully with the laws, regulations and rules of the territories where operated. This insurance will not cover illegal operations or unauthorized flights of any kind.

It is understood and agreed that this application shall form the basis of the contract of insurance should a policy be issued.

All details regarding qualifications shall be supported with relevant documentation.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_