UAV / UAS Application Form

AVRO Insurance Managers | Please complete all applicable fields electronically.

Tip: fields marked with ▾ open a drop-down menu. Use the "+ Add" buttons to add rows or columns where needed. For full functionality (add/remove rows, validation, signing), open this form in Adobe Acrobat or Adobe Reader.

PART 1 GENERAL INFORMATION

Brokerage Name

Broker Name

Broker Phone

Broker Address

Broker Email

Applicant Name

Named Insured/Company

Registered Address

City

Province

Postal Code

PART 2 COMPANY DETAILS

Canadian Registered Company:

Do you own your UAV/ Drone?

Has any Insurer cancelled or refused to renew your UAV/Drone insurance policy in the past 5 years?

If yes, what was the reason(s):

PART 3 UAV/ DRONE ACTIVITIES

What will the UAV/ Drone be used for?

If 'Commercial', please describe operations: **(select all activities that apply)**

Choose an activity from the drop-down to add it to the list below; repeat to add more.

– Remove last

Clear List

If 'Other', please list all other activities:

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PART 4 UNDERWRITING INFORMATION

Are any UAV/ Drones custom built? *(If 'Yes', please provide photos.)* Photos attached ☐

Is there a SFOC permit from Transport Canada to be in place at this time? *(If 'Yes', please provide a copy.)* Copy attached ☐

Are all UAV/ Drones flown exclusively under Line of Sight control?

Do the insured's UAV/ Drones operate Beyond Visual Line of Sight (BVLOS)?

Operating Environments (please provide the percentage)

Coastal	Industrial	Maritime	Rural	Urban	Other	Total (should be 100)
%	%	%	%	%	%	%

Will any hazardous flying take place? (i.e. Poor weather conditions, poor visibility, night flights, near to power lines)

If 'Yes', please provide more details:

Please confirm a log is kept for each flight/ mission

OPERATIONS: Canada, the French Islands of St. Pierre and Miquelon, the Republic of Mexico, the Bahamas, the islands of the Caribbean or the Continental United States of America excluding Alaska. If additional territories are required, please provide additional information regarding any operations for Underwriters review.

Geographic limit extension (territories / details) *Choose a country from the drop-down to add it to the list; repeat to add more. You may also type details.*

– Remove last | Clear List

Period of extension – From **To**

How many units will be flying at any one time? *(1 – 20)*

Liability Coverage

If other (please specify):

**Transport Canada Minimum*

Physical Damage Coverage:

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UAV/Drone Details

+ Add UAV / Drone – Remove last

Applicable for any UAV/Drone that exceeds $2,000. Up to 20 UAV/Drones. Hull Value (Drone Only) is grayed out when Physical Damage Coverage is "No".

UAV	Year	Make	Model	S/N (required)	Wing Type (Rotor/ Fixed)	(MTOM) Incl. Payload (KG)	Custom built yes/no	Hull Value Drone Only
UAV 1								

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UAV/Drone Accessories & Ground Based Equipment

+ Add Item – Remove last

Up to 10 items. A description and serial number are required for any item that exceeds $2,000.

#	Accessory or GBE (description)	Hull Value	Serial #	Inflight/ on ground
1				

Loss Payee(s)

+ Add Loss Payee – Remove last

Up to 5.

#	Loss Payee Name	Address
1		

Additional Insured(s)

+ Add Additional Insured – Remove last

Up to 7. A charge of $250 applies where an Additional Insured has a USA address.

#	Additional Insured Name	Address
1		

Additional Endorsement Extension

Do you require coverage extension? *(If 'No', the table below is grayed out.)*

+ Add Coverage – Remove last

Coverage extension	
Limit	

**Misapplication coverage can be added only if Chemical liability/Aerial Application coverage is purchased.*
Limits: Chemical liability/Misapplication/Sudden & Accidental Pollution – select from drop-down; Transit/Cargo – up to the policy limit; Invasion of Privacy – up to $100,000; Product Liability – up to $1,000,000; Firefighting expenses – up to $50,000.

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PART 5 PILOT/OPERATOR(S) DETAILS

Up to 12 pilots/operators. Use the button to add another pilot column.

+ Add Pilot / Operator – Remove last

	Pilot 1
Name:	
Date of Birth (mm/dd/yyyy):	
License #:	
Which Transport Canada Pilot certificate will you be operating? ▼	
Does Pilot have SFOC? ▼	
Ground school Completed? ▼	
Total Time UAV/Drone	

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PART 6 CLAIMS HISTORY

Have you, or any of your pilots/operators, been involved in any accidents, incidents, claims, regulatory violations, license suspensions, fines, or enforcement actions related to aviation or drone operations within the past five (5) years?

a) Give a brief description of any accidents and incidents that you, or any of your pilots have had in the past 5 years, including date of loss, brief details involving accident(s), amount of loss:

***Please attach any available insurance company loss reports with this application**

+ Add Claim | – Remove last

☐ Loss reports are attached to this application

#	TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	$ RESERVE OR AMOUNT PAID BY INSURER	$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
1					

b) Give a brief description of any violations that you, your operation, or any of your pilots have had in the past 5 years:

The answers given above are true and complete to the best of my knowledge and belief and no material information has been withheld that might influence any acceptance of insurance. No coverage is bound under this application form until such time as coverage is confirmed by AVRO Insurance Managers in writing.

IMPORTANT – SIGNATURE REQUIREMENTS PRIOR TO BINDING

Both the Broker's Signature and the Applicant's Signature are required prior to binding coverage.
Coverage cannot be bound until a fully completed application, signed by both the Broker and the Applicant, has been received and approved.

Applicant's Signature | **Date**

Broker's Signature | **Date**

Email Completed Form | Print Form | Clear Form