



Please complete and send to your Broker

www.avroinsurance.com

UAV / UAS Application Form

APPLICANT DETAILS

Name:		
Street Address:		
City:	Province:	Postal Code:

UAV / UAS DETAILS

	UAV 1	UAV 2	UAV 3
Make and Model			
Serial Number			
Type: Rotary or Fixed Wing			
Maximum gross take-off weight including payload (kg)			

OPERATOR INFORMATION

	Operator 1	Operator 2	Operator 3
Name			
Total UAV hours rotor wing			
Total UAV hours fixed wing			
Does operator have SFOC?			
Ground school completed?			

USES (check all that apply)

Commercial	Photography/Filming		Real Estate	
	Inspection/Survey		Agriculture	
Private/Recreational	Yes		No	

AREA OF OPERATION

Canada	Yes	No
Elsewhere (please specify)		

LIABILITY LIMIT REQUIRED

\$100,000*	\$500,000
\$1,000,000	Other: (please specify)
*Transport Canada minimum	

HULL COVERAGE REQUIRED (Minimum \$5,000)

If yes, state value of UAV		
UAV 1	UAV 2	UAV 3

DETAILS OF ANY CLAIMS RELATED TO UAV/UAS LAST 5 YEARS

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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 Ltd. in writing.

Applicant's Signature	Date
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Broker's Name	Contact
Email	Phone