



Insurance for Things That Move.™

201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500
 Vancouver, BC, Canada V6C 3E8
 Tel: (604)683-0506

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Application for Unmanned Aerial Vehicle Insurance

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

Section 1 – General Information

Legal Name

Mailing Address

Contact Name:

Phone Number:

Email:

Years in Business:

New Policy Renewal Policy

No of Employees:

Present Insurer:

Geographic Area of Operations:

Expiry Date:

Have you or your operation had any claims or losses in the past 5 years?: No Yes, please provide details

Section 2 – Pilot Information

Name	Age	Total UAV Time	Time on Model to be Insured	UAV Time Last 12 Months	Accidents / Violations

Pilots Are: Employees of the Applicant Contracted Pilots Other:

Have the pilots completed formal UAV pilot or operator training (provide details):

Section 3 – Liability Coverage

Bodily Injury and Property Damage Combined

Limit of liability desired: \$ _____

Medical and Related Expenses: \$ _____

Other liability: \$ _____

Fire Fighting Expenses: \$ _____



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Section 4 – Physical Damage Coverage

Unmanned Aerial Vehicle: If multiple UAV or Fleet, please provide information on separate sheet

Type: Fixed Wing Rotary Wing UAV Based at (Airport/Location): _____

Year	Make	Model	Serial No. or ID	Value
Test Flight Hours	MTOW	Payload Weight	Wing Span	SFOC in Place?

Ancillary Equipment:

Equipment Details	Serial Number (if applicable)	Insured Value

Section 5 – Operations

Please specify percentages of type of work. Total must be 100%

Operation	Percentage	Operating Environment		Flight Conditions	
Law Enforcement		Urban	Yes <input type="checkbox"/> No <input type="checkbox"/>	Low Level	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Response		Semi-Urban	Yes <input type="checkbox"/> No <input type="checkbox"/>	High Level	Yes <input type="checkbox"/> No <input type="checkbox"/>
Traffic Patrol		Industrial	Yes <input type="checkbox"/> No <input type="checkbox"/>	Patterned	Yes <input type="checkbox"/> No <input type="checkbox"/>
Agricultural		Rural	Yes <input type="checkbox"/> No <input type="checkbox"/>	IFR Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction		Coastal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Night	Yes <input type="checkbox"/> No <input type="checkbox"/>
Natural Resources		Maritime	Yes <input type="checkbox"/> No <input type="checkbox"/>	Line of Sight	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shipping		Other (describe below)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (describe below)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Forestry					
Survey and Exploration					
Videography					
Real Estate					
Other (please describe below):					

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance company strongly recommends that you examine the quotation with your Insurance Broker before acceptance. I **hereby confirm that the information given above and in any attached sheet(s) is true and correct.**

Name of Applicant (Please Print)	Applicant's Signature
Title	Date Signed