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Application for Unmanned Aerial Vehicle Insurance

Insurance for
Things That Move.™

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: \$ _____

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