



[Aviation Insurance]

UNMANNED AIR VEHICLE APPLICATION



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UNMANNED AIR VEHICLE APPLICATION**PART 1 GENERAL INFORMATION**

Broker:

Contact Person:

Tel:

Named Insureds:

(a) First Named Insured:

(b) List all other insureds requesting coverage under the policy and describe their relationship with the Named Insured:

Additional Named Insured	Relationship to the Named Insured

Mailing Address:

Postal Code:

Telephone:

Email:

Website:

Named Insured is a:

Sole Trader

Partnership

Corporation

Joint Venture

Other:

PART 2 PLATFORM & PAYLOAD SPECIFICATIONS

1. Please detail UAV (Unmanned Air Vehicle) type and mark number/designation below:

2. How does UAV take-off? (Conventional undercarriage/launch rail/rocket assisted, etc.)

3. How does the UAV recover/land? (Recovery net, parachute, convention landing on undercarriages, etc.)

4. For each UAV type listed, is the take-off/launch fully autonomous or is there an external pilot?

5. Does the UAV have the ability to fly autonomously or is manual input (pilot) required at all times, or only at certain phases of the flight? Please specify and detail between each design.

6. Is there a single or dual communications link with the vehicles?

7. Do primary flight control surfaces have any form of control redundancy?

8. If the engine/generator fails, is there any alternative electrical power supply (i.e. onboard battery) to provide electrical power for the communication link and controls? Could the vehicle accept a glide to return to base?

9. In the event of any malfunction during the flight, is there any fail-safe facility that would automatically deploy any recovery parachute?

10. If communication/contact is lost in flight can the UAV return to base on its own? Yes No If "Yes", what is the procedure for attempting to regain contact with the UAV once it is overhead the ground station/recovery zone?

11. What is the range/operational radius of the UAV from the ground station, and is it reliant on any form of airborne relay vehicle?

PART 3 AIRFRAME HISTORY

12. How many hours has the specific type of vehicle flown, and if it is a production machine, how many hours has the operational fleet amassed (fleet maturity)?

13. Please detail in respect of each design, the engine manufacturer with type (piston/electric/turbine and type of fuel, as applicable), designation of the engine and their respective time between overhaul/ultimate lift of engine(s).

14. Please provide the details of the meantime between failure (MTBF) on the specific engine(s). Also, provide details on the meantime between loss (MTBL) on the machine/system to be insured and what major design changes have been made to the airframe/engine/systems following any incidents/accidents/failures.

PART 4 NATURE OF OPERATIONS

15. Please provide a general description of the operations to be undertaken with the UAV by this Insured and overview of their planned operations in the next 12 months, including area of operations plus any additional countries in which they currently operate, or plan to operate, in the next 12 months:

16. Are any unusual maneuvers being carried out? Yes No If possible, please provide a summary on the proposed flight schedule (i.e. how many hours ground test, hours on basic maneuvers, cruise, high altitude/low altitude, etc.)

17. List estimated annual flying hours each platform and total for the Insured's whole fleet, last year and for next 12 months.

18. (a) List maximum number of platforms that will be in the air at any one time:

(b) Would the Insured be willing to accept this limit as a condition in the insurance? Yes No

19. Will any take-off or landings be carried out in poor visibility or at night (either by external pilot or autonomous)?

20. Are any flights to be carried out over built-up areas for each design?

21. Please provide details of flight location(s) and area of operation during the next 12 months.

22. Have you reviewed the applicable **Transport Canada Guideline** for UAVs? Yes No

(a) Which categories do your UAVs fall into:

Do need Transport Canada permission to fly

Do not need Transport Canada permission and meet the applicable Exemption Requirements

Require and have obtained a **Special Flight Operations Certificate** from Transport Canada

Other (please explain below):

23. Has any formal input been carried out by any applicable CAA/ATC services for the respective flights? Yes No If "Yes", what restrictions did they impose on the flights?

24. Please confirm that all flights will be operated within Controlled Airspace (CAS) under positive ACT control or within a NOTAM'ed Temporary Restricted Area (TRA) and/or limited to an airfield's designed Air Traffic Zone (ATZ).

25. Please record regular/maximum altitudes to be flown by the Insured' UAV's.

PART 5 SUMS INSURED

26. What is the hull value of each of the UAV's to be Insured? (Please provide a breakdown of how the value is arrived at if such total value is to include payloads). **Please attach schedule if multiple UAVs are to be insured.**

27. Please provide details of the UAV identification or serial numbers for the UAV's to be insured, if known.

28. Please provide details of the payloads/values along with the serial and/or identification numbers, if known.

29. Is the payload retracted for take-off and landing? Yes No If "Yes", can it be damaged in the event of an undercarriage failure?

30. Is Liability Insurance required? Yes No If "Yes", please indicate the limits of liability required.

PART 6 CREW

31. Please provide details on the pilots' experience, including full details of UAV hours/experience and hours on specific types to be insured. Please note if the flights involve any passive/active pilot training for customers etc.

32. Details on the pilots' currency on the particular UAV to be insured (i.e. hours in last 90 days, last 6 months, last 12 months) and, if no currency on type to be insured, please detail currency on other UAV platforms in the last 12 months, if available.

PART 7 BACKGROUND INFORMATION

33. Please supply details of the company history and background, and a website address where Insurers may be able to obtain further information on the project/particular platforms being used.

34. Please detail any losses/accidents involving your UAVs with details of date, location, type of UAV involved, circumstances of accident, amount claimed (if any) and any third party damage/injuries and the amount claimed/paid in respect of such damages/injuries or any outstanding payments to third parties.

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicants operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____