



**APPLICATION**

Policyholder:		Contact name:	
Address:			Country:
Postcode:		Email:	
Telephone:		Policy Inception Date:	
<b>Full description of business</b>			
Owners and Operators of Small Unmanned Aircraft (SUA)			
<i>(Please advise if you wish to cover another business activity as this will need to be referred to the Insurer)</i>			
Worldwide cover is standard subject to the following excluded territories:			
<ul style="list-style-type: none"> <li>• Algeria, Burundi, Cabinda, Central African Republic, Congo, Democratic Republic of Congo, Eritrea, Ethiopia, Ivory Coast, Liberia, Mauritania, Nigeria, Somalia, The Republic of Sudan, South Sudan</li> <li>• Colombia, Ecuador, Peru</li> <li>• Afghanistan, Jammu &amp; Kashmir, Myanmar, North Korea, Pakistan</li> <li>• Georgia, Nagorno-Karabakh, North Caucasian Federal District</li> <li>• Iran, Iraq, Libya, Syria, Yemen</li> <li>• Any country where the operation of the insured Aircraft is in breach of United Nations sanctions</li> </ul>			
Do you require cover for additional territories?			
		If yes, which territories?	
Have you received appropriate training?			
If you answered yes to the above question, please answer the following:			
Who provided the training?			
Which training course did you complete?			
What date did you complete the course?	Ground School: Flight Test:		
Are you operating under Transport Canada Exemption or SFOC?			
	(we will require a copy of SFOC once available)		
When did you start operating SUA?			
<b>Public/Products/Aviation Liability – please indicate level of cover required (CAD 2.5m/5m/10m)</b>			
CAD			
Do you propose to carry out any work for public authorities e.g. emergency services?			
Do you propose to carry out any work for the military?			



<b>Professional Indemnity – CAD 100,000 is included as standard; do you require a higher limit?</b>				
		If yes, limit required:	CAD	
<b>CLAIMS – the below questions are specific to the PROFESSIONAL INDEMNITY section only</b>				
Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?				
Are any of the Principals, Partners or Directors AFTER FULL ENQUIRY aware of any circumstances which might give rise to such a claim?				
Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?				
<b>Details of SUA</b>				
Make & Model	Serial No.	Year of manufacture	Value (CAD)	Rotary or Fixed Wing?
<b>Details of Associated Equipment</b>				
Total value of equipment valued at <b>less than</b> CAD 300		CAD		
PLEASE ITEMISE BELOW ALL PIECES OF EQUIPMENT VALUED <b>AT OVER</b> CAD 300				
Make & Model	Serial No.	Year of manufacture	Value (CAD)	Airborne?
Total value of <b>ALL</b> associated equipment (inc. under CAD 300):			CAD	
Maximum value of <b>all</b> equipment that could be <b>airborne</b> at any one time (including the SUA itself):			CAD	
<b>Increased Cost of Working (ICOW) and Reinstatement of Data (ROD)</b>				
Do you require ICOW cover at CAD 50,000 and ROD cover at CAD 20,000?			Included as standard	
<b>Rented (non-owned) Equipment</b>				
Annual rental charges:			CAD	
Does the single value, or total value, exceed CAD 45,000 at any one time?			Yes / No	



If yes, what limit do you require?	CAD		
Can you also confirm that the total value <b>and</b> continuing rental charges will not exceed CAD 65,000?	Yes / No		
If no, what limit do you require?	CAD		
<b>Marine / Cargo (transit cover)</b>			
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Do you require cover for other territories?	Yes / No		
If yes, which territories?			
Sum insured required:	CAD		
<b>Claims - Detail any losses in the past three years: -</b> <ol style="list-style-type: none"> <li>SUA or portable equipment away from the premises</li> <li>Public Liability</li> </ol>			
Date	Details/Incident	Amount Paid	Outstanding
		CAD	CAD
		CAD	CAD
		CAD	CAD
<b>Remedial Measures</b>			
Date	Steps Taken To Avoid Recurrence		
<b>Other Material Information</b>			

**DECLARATION**

You understand the contents of this application and you declare that the information given is, to the best of your knowledge and belief correct and complete. You agree that any statements in this application shall form the basis of the contract and if the risk is accepted you undertake to pay the premium when called upon to do so. You understand that your information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

You also confirm that:

- You have never been declined insurance, applied increased terms, or refused to renew or had a policy cancelled by any Insurer;
- No Principal, Director or Partner has ever been convicted of or charged (but not yet tried) with arson, or any offence involving dishonesty of any kind (e.g. fraud, robbery, theft or handling stolen goods);
- No Principal, Director or Partner has ever been declared bankrupt or insolvent, CCJ's.

Signed:

Date:

Position Held: