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UAV / UAS Application Form

Applicant Details

1. Name of insured: _____
2. Mailing address: _____
3. Current insurer: _____
4. Date coverage required/expiry date: _____
5. Has prior insurance ever been cancelled or non-renewed? _____

Principal

6. Owner: _____
7. Website: _____

UAV Information

8. Year/Make/Model: _____
9. Serial No. _____
10. Value including payload: _____
11. Fixed wing or rotor wing: _____
12. Maximum gross take-off weight: _____
13. Maximum altitude above ground level: _____
14. Primary location the UAV will be operated: _____
15. Power by Gas or Electric: _____
16. Maximum flight endurance (minutes): _____
17. Top Speed of UAV: _____
18. Does the UAV have 'auto-land' or 'return-to-home' capability _____
19. Annual utilization (hours) _____
20. Amount of liability required:
 - a. _____ \$100,000 (transport Canada minimum)
 - b. _____ \$500,000
 - c. _____ \$1,000,000
 - d. _____ Other (please state)

21. UAV use: please check all that apply

- a. Commercial
 - i. Photography _____
 - ii. Filming _____
 - iii. Aerial Inspection _____
 - iv. Filming _____
 - v. Surveillance _____
 - vi. Crop Management _____
 - vii. Mapping & Survey _____
 - viii. Police _____
- b. Private
 - i. Photography _____
 - ii. Filming _____
 - iii. Recreational _____
 - iv. Any other use (please describe) _____

22. Area of operation – please check all that apply

- a. Urban _____
- b. Rural _____
- c. Coastal _____
- d. Industrial _____
- e. Remote Areas _____
- f. Indoor _____
- g. Outdoor _____
- h. Other (please describe) _____
- i. Operations outside of Canada (please describe) _____

Flight Operation

23. Line of sight: _____

24. First person view: _____

25. Autonomous GPS: _____

Operator Information

26. Operator Name: _____

27. Date of birth – (MM/DD/YY): _____

28. Total UAV hours on type: _____

29. Total make & model hours: _____

30. Does operator currently hold Special Flight Operating Certificate (SFOC): _____

31. Are Operator(s) employees of Applicant/Contract/Other: _____

32. Details of Operator(s) completed formal UAV operator training (if any): _____

33. Claims relating to UAV / UAS: _____

34. Please provide details: _____

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 Agile Underwriting Solutions in writing.

Applicant's Signature _____ Date _____

Broker's Name _____ Contact _____

Email _____ Phone _____

This page does not form part of the insurance

1. To be completed by the “retail” producing broker or agent

- a. How long have you known the proposer(s)?
- b. Do you personally recommend the proposed insured(s) as suitable for insurance by underwriters?
Yes No
- c. Have you discussed the contents of this proposal form thoroughly with the proposer(s)?
Yes No
- d. State approximate age(s) of the proposer(s): _____
- e. What other insurance do you handle for the proposer? For how long have you done so?

Signature _____ Date _____

Company name _____

Company address _____

2. To be completed by the “wholesale” broker or agent if not the direct producer

- a. Do you recommend the producing agent/broker to underwriters as a producer of high quality business?
Yes No
- b. For how long have they produced business to you? _____

Signature _____ Date _____

Company name _____

Company address _____