

Unmanned Air Vehicle Hull & Liability Application

Name of the Insured

First Name: _____ Initial: _____ Last Name: _____

Registered Owner (if different from above): _____

Occupation: _____

Address

Street: _____ City: _____ Province: _____

Postal Code: _____ Telephone: (____) _____ Facsimile: (____) _____

Name of Present Insurer: _____ Expiry Date: _____

Has any insurer cancelled or refused to renew your insurance policy in the past 5 years? YES / NO
Reason: _____

Geographical Area of Operation: _____

Liability Coverage

Single Limit Bodily Injury and Property Damage Liability

Limit of liability desired: \$ _____ CAD / USD

Other liability: \$ _____ CAD / USD

Medical expense coverage: \$ _____ CAD / USD

Physical Damage Coverage

Unmanned Air 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	REG/ SERIAL #	VALUE

TEST FLIGHT HRS	MTOW	PAYLOAD WEIGHT	WING SPAN	SFOC IN PLACE YES / NO

Describe the application/usage of the UAV: (i.e. Photography, Agricultural, Exploration, Transportation, etc.)

Name/Address Lienholder: _____ Lien Amount: \$ _____

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Pilots

	Pilot 1	Pilot 2	Pilot 3	Pilot 4
Name				
Date of Birth				
License				
Total time on UAV				
UAV time past 12 months				
UAV time on Model to be insured				
Accidents/Violations				

Operations

Operating Body: Private (Civil) / Government / Commercial / Military / Other (describe)

Operating Environment: Urban / Semi-Urban / Industrial / Rural / Coastal / Maritime / Other (describe)

Flight Conditions: Low Level / High Level / Pattern / IFR conditions / Night / Other (describe)

Declaration: I declare that the statements and declarations given are true and that no information has been withheld that might influence acceptance of this proposed insurance; and I agree that the statements and declarations given above and signed by me shall be the basis of my contract between myself and Global Aerospace. This application does not commit Global Aerospace to any liability nor make the applicant liable for any premium unless Global Aerospace agrees in writing that coverage has been bound.

Name of Broker: _____ Signature of Applicant: _____

Date: _____

Phone Number: (_____) _____

Facsimile Number: (_____) _____