

Application for Drone Insurance - Remotely Piloted Aircraft Systems (RPAS: Aerial Drones)



Thank you for your interest in drone insurance from Intact.

Please describe details and operation of each drone and attach separate sheet(s) if coverage is needed for multiple drones.

Applicant Name _____

Address _____

1. a. Exact Use and Purpose of the drone (Coverage is intended primarily for commercial use of the drone)

b. The drone operator is certified for:

Basic Operations ☐ Yes ☐ No

Advanced Operations ☐ Yes ☐ No

This is a micro drone (weighing less than 250 grams) ☐ Yes ☐ No

This is a mega drone (weighing more than 25 kilos) ☐ Yes ☐ No

2. Drone Specifications (If all the following details are included, you may also attach a copy of a recent invoice; or photos of the drone(s)).

a. Year: _____ Make: _____ Model: _____ Serial Number: _____

b. Transport Canada Registration Number: _____

c. Type: ☐ Rotary ☐ Fixed Wing ☐ Other - Please Specify: _____

d. Type of failsafe and redundancy system(s): _____

e. If coverage is being requested for loss of or damage to the drone itself:

i. Drone purchase price (Including all permanently mounted equipment and post-purchase modifications): _____

ii. Please list all detachable equipment & accessories with purchase price: (E.g. Cameras, Sensors, Scientific Instruments, Remote Control, Ground Control Station, Launch & Recovery Equipment, Antennas, etc.) _____

3. Drone Operations

a. Any operations outside of Canada? ☐ Yes ☐ No
If yes, please describe: _____

b. Is a Transport Canada Special Flight Operations Certificate ever required? ☐ Yes ☐ No
If yes, please describe those circumstances: _____

c. Approximate number of flight hours: _____
i. Per month
ii. Per year

d. Please check those that apply. The applicant's drone will be operated in:

i. Urban or congested areas ☐ Yes ☐ No

ii. Residential areas ☐ Yes ☐ No

iii. Industrial areas (including oil & gas facilities) ☐ Yes ☐ No

iv. Rural, agricultural or remote areas ☐ Yes ☐ No

v. Other areas - Please specify:

e. What are the maximum limits that the drone pilot(s)/operator(s) will adhere to during drone operations? If the drone pilot is certified for Advanced Operations, please attach (instead of answering questions 3.e.i. through 3.e.v.) a copy of the drone's RPAS Safety Assurance declarations and technical specifications.

i. Altitude
(metres/feet)

ii. Air Speed
(knots/kmh/mph/mps)

iii. Flight Duration (hours/minutes)

iv. Range
(linear km/mile)

v. Total Takeoff Weight
(grams/kilograms/lbs)

f. Will any drone be used to carry a payload?
If yes, please describe the payload(s):

☐ Yes ☐ No

g. This question applies only if the operator is certified for Advanced Operations. Otherwise, please move to question h.

Will any drone ever be operated at concerts, sports events, air shows, festivals or similar special events?

☐ Yes ☐ No

If yes, please describe operations:

h. Is the drone within the pilot's visual line of sight at all times during use and operation?
Please note: the term "visual line of sight" does not include video images
If not, please explain:

☐ Yes ☐ No

4. Drone Pilot(s)

Provide the details for individual(s) who will be operating any drone:

| Name | Training / Qualification | Experience (in flight hours) |
|------|--------------------------|---------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

IMPORTANT REMINDER for Applicants: If a drone pilot is certified for Advanced Operations, it is a condition of insurance coverage that all parameters and requirements of the drone's RPAS Safety Assurance be met during the Advanced Operations.

5. Prior Insurance or Incidents

- a. Any (whether insured or not) drone accident or incident in the past five years? ☐ Yes ☐ No
If yes, please list and describe:
- b. With respect to any drone, has any Insurer, including (but not limited to an aviation insurer) lapsed, cancelled or declined insurance coverage at any time in the past five years? ☐ Yes ☐ No
If yes, please explain:

This is an application for insurance. No coverage is in effect unless and until such insurance is specifically agreed to and accepted by the Insurer.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature

Position

Name (Please Print)

Date

Signing of this form does not bind the Applicant to complete the insurance.