



Unmanned Aerial Vehicle Application Form

Allianz Global Corporate & Specialty
Allianz Global Risks US Insurance Company
130 Adelaide Street West Suite 1600
Toronto, ON M5H 3P5
Fax 416-849-4555

APPLICANT DETAILS							
Name of Insured:							
Street Address:							
City:		Province:			Postal Code:		
Current Insurer:				Expiry date:			
Has prior insurance ever been Cancelled or Non-Renewed?							
PRINCIPAL							
Owner:							
UAV INFORMATION							
Serial No. or ID	Year	Make & Model	Fixed Wing / Rotary Wing	Max Weight	Annual Utilization	Insured Value	Liability Limit
UAV USE (please detail):							
UAV BASE / LOCATION:							
LIENHOLDERS a/o LOSS PAYEES:							
OPERATING ENVIRONMENT				FLIGHT CONDITIONS			
Urban			<input type="checkbox"/>	Low-Level			<input type="checkbox"/>
Rural			<input type="checkbox"/>	High-Level			<input type="checkbox"/>
Coastal			<input type="checkbox"/>	Patterned			<input type="checkbox"/>
Industrial			<input type="checkbox"/>	Line of Sight			<input type="checkbox"/>
Indoor			<input type="checkbox"/>	Night			<input type="checkbox"/>
Outdoor			<input type="checkbox"/>	IFR conditions			<input type="checkbox"/>
Other, describe:				Other, describe:			
Is the Applicant a Manufacturer or End User:							
Primary location the UAV(s) will be operated:							
Maximum Endurance (flight duration) of UAV:							
Top Speed of UAV:							
Does the UAV have 'auto-land' or 'return-to-home' capability:							
How many UAV units does the Applicant own or operate:							
Is the UAV powered by a gas or electric power plant:							
Is the UAV designed to deploy / drop payload or other items:							
How long have the make and model(s) in use been flying:							
Where will replacement parts and/or spares be purchased:							

PILOT DETAILS				
Pilot Name	Age	Total UAV Hours	Make & Model Hours	Last 12 Months
ACCIDENTS, VIOLATIONS, INCIDENTS (please detail):				
Pilots are <input type="checkbox"/> Employees of the Applicant <input type="checkbox"/> Contract Pilots <input type="checkbox"/> Other				
Pilots have completed <input type="checkbox"/> Formal UAV pilot or Operator Training (provide details)				

ADDITIONAL INFORMATION
Does Applicant currently hold a Special Flight Operating Certificate (if applicable)?
UAV Maintenance or repairs provided by:
Will insured UAV be used outside of Canada?
Does Applicant own or exclusively lease any other UAVs?
Will anyone other than named pilots operate insureds UAV?
Does Applicant have any non-owned aircraft or UAV exposure?
Has Applicant ever had insurance denied or cancelled?
Has Applicant or Named Pilot ever had any convictions, or license suspensions?
Does the Applicant provide training in the operation of UAVs?
5 YEAR LOSS HISTORY
Give a brief description of any accidents that you or your operation, have had in the past 5 years, including date of loss, details of the accident and amount of loss.

I/we declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/we agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/we further agree that Allianz Global Risks US Insurance Company may investigate any qualifications or statements contained above, through any source including through the Privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by Allianz Global Risks US Insurance Company in writing.

Date:	Applicant's Signature:
Broker's Name:	Phone: