

Drone Insurance Proposal



GLOSSARY

ATC	Air Traffic Control
CAA	Civil Aviation Authority
Comms <i>Abv.</i>	Communications
GCS	Ground Control Station. Including launch system, flight control and mission specific hardware & software, communications equipment.
MTOM	Maximum Take-off Mass
OEM	Original Equipment Manufacturer
RPAS	Remotely Piloted Air System. Complete operating system including airframe, payload, launch station and Ground Control Station
ROC	RPAS Operator Certificate
FW / MR	Fixed Wing / Multi Rotor

COVER TYPE REQUIRED

1.1 Third Party Liability YES

Compulsory - Covers liability to third parties for third party direct loss/damage consequential of RPAS failure. Does not cover third parties consequential losses (e.g. Business Interruption)

1.2 Physical loss & damage to RPAS YES / NO

Compulsory - Physical loss or damage to RPAS (airframe, payload, launch station and/or GCS) in operating or routine testing environment

1.3 Spares Extension YES / NO

Physical loss or damage to RPAS Spares (parts not attached to the RPAS)

1.4 Hull War Extension YES / NO

Physical loss or damage to RPAS as a consequence of a deliberate/malicious act or act of sabotage

1.5 War Liability Extension YES / NO

Third party Liability loss or damage as a consequence of a deliberate/malicious act or act of sabotage arising out of the use of the RPAS

1.6 Cyber Risk Extension YES / NO

Covers airborne Digital Assets, Non-Physical Business Interruption & Expenses, Computer Crime and Cyber Extortion (R100,000 limit)

GENERAL

Name of Insured _____
 Website _____
 Address _____
 Company Vat number _____
 Company Registration _____

CERTIFICATION OF RPAS OPERATORS

Certifying authority (state applicable CAA regulator) _____

Name of RPAS Operating Certificate (ROC) holder

Issue date of ROC _____

RPAS make, model and registration per RPAS airframe:

(Note: questions below will follow same order for each airframe stated here)

- i) _____ FW or MR
- ii) _____ FW or MR
- iii) _____ FW or MR

INSURANCE POLICY – LIMITS OF INDEMNITY

Third party liability (Third Party / Premises / Hangarkeepers / Products) – ZAR (R) or USD (\$)

- i) Liability Limit R _____
- ii) Liability Limit R _____
- iii) Liability Limit R _____

RPAS physical loss/damage – ZAR (R) or USD (\$)

(Including airframe, launch station, GCS hardware & related software)

- i) R _____
- ii) R _____
- iii) R _____

RPAS Spares – ZAR (R) or USD (\$)

(State value of payload and related spares specific to each airframe)

- i) R _____
- ii) R _____
- iii) R _____



Maximum Take Off Mass (MTOM) - Including RPAS airframe, navigation and comms, & payload (KG)

- i) _____
- ii) _____
- iii) _____

Maximum operating altitude (M)

- i) _____
- ii) _____
- iii) _____

Maximum range (KM)

- i) _____
- ii) _____
- iii) _____

Maximum endurance (HRS)

- i) _____
- ii) _____
- iii) _____

Has the Company or any of its RPAS managers, operators or engineers previously been refused insurance coverage? _____ If so please specify _____

Please provide a complete record of incidents and/or claims history

LAUNCH & RECOVERY

How does the RPAS take-off?
(eg conventional undercarriage/launch rail/rocket assisted)

- i) _____
- ii) _____
- iii) _____

Is the take-off/launch and/or recovery/landing fully autonomous, or is there an external pilot?

- i) _____
- ii) _____
- iii) _____

How does the RPAS recover/land?
(Recovery net/parachute/conventional landing on undercarriage?)

- i) _____
- ii) _____
- iii) _____

NAVIGATION & RPAS COMMS

Line of Sight

- i) _____
- ii) _____
- iii) _____

GPS

- i) _____
- ii) _____
- iii) _____

Navigation system and flight control software

- i) _____
- ii) _____
- iii) _____

Redundancy (e.g. Pre-programmed holding pattern and/or line of sight operator control)

- i) _____
- ii) _____
- iii) _____



Does the RPAS have the ability to fly autonomously, or is manual input required at all times?

- i) _____
- ii) _____
- iii) _____

Flight control communications (type & range) single or dual comms link

- i) _____
- ii) _____
- iii) _____

OPERATIONS

Country (If present in more than one country please state additional countries)

- i) _____
- ii) _____
- iii) _____

Current or intended usage of RPAS by the Insured: Commercial (at third party premises for reward)
Business Use (at own premises)

- i) Commercial (C) or Business Use (B) _____
- ii) Commercial (C) or Business Use (B) _____
- iii) Commercial (C) or Business Use (B) _____

Intended operating environments (Please provide as much detail as possible and a % split)

- i) _____
- ii) _____
- iii) _____

Please also provide a % split between Commercial and Business usage

- i) C _____% B _____%
- ii) C _____% B _____%
- iii) C _____% B _____%



Will any hazardous flying take place? YES / NO

(e.g. poor weather conditions or poor visibility, night flights, near to power line electro-magnetic fields etc.) Please specify activity:

- i) _____
- ii) _____
- iii) _____

Expected annual flying (Please separate by RPAS airframe)

- i) _____ hours
- ii) _____ hours
- iii) _____ hours

Please confirm a log is kept for each flight/mission (in accordance with standard flight logs)

- i) _____
- ii) _____
- iii) _____

GCS MANAGEMENT & OPERATORS

Number of operators per GCS _____

GCS flying individual's names: A _____ B _____
C _____ D _____

(Those with overall responsibility for "onsite" flying operations)

Operator's Name / RPL reference number / Date of last issue

- | | | |
|----------------|---------------|---------|
| A. Name: _____ | RPL no. _____ | MR / FW |
| B. Name: _____ | RPL no. _____ | MR / FW |
| C. Name: _____ | RPL no. _____ | MR / FW |
| D. Name: _____ | RPL no. _____ | MR / FW |
| E. Name: _____ | RPL no. _____ | MR / FW |



DECLARATION

I hereby declare that to the best of my knowledge and belief, the particulars and answers herein are true and correct and that I have not knowingly withheld any information which would influence the decision of the underwriters in regard to this proposal.

It is understood and agreed that this proposal shall form the basis of the contract should a policy be issued. All details regarding qualifications shall be supported with relevant documentation.

NAME: _____

DATE: _____

SIGANTURE: _____

Together with your application please submit the following:

1. Copy of RPL licences
2. ROC Certificate
3. RPAS registration certificate