COMMERCIAL PROPOSAL FORM

Drone Insurance

Please answer ALL questions completely

Should any question or part thereof not be applicable, please state "N/A" Should insufficient space be provided, please continue on your company letterhead.

Glossary

ATC	Air Traffic Control
CAA	Civil Aviation Authority
GCS	Ground Control Station. Including launch system, flight control and mission specific hardware and 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. Third Party Liability — Yes ☐ No ☐
   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)
2. Physical loss and 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
3. Spares Extension — Yes ☐ No ☐
   Physical loss or damage to RPAS Spares (parts not attached to the RPAS)
4. Hull War Extension — Yes ☐ No ☐
   Physical loss or damage to RPAS as a consequence of a deliberate/malicious act or act of sabotage
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
6. Cyber Risk Extension — Yes ☐ No ☐
   Covers airborne Digital Assets, Non-Physical Business Interruption and Expenses, Computer Crime and Cyber Extortion (R100 000 limit)

General

Name of insured _____ Country in which registered _____

Business address _____ Code _____

Company website _____

Describe ***ALL*** business activities

_____

_____

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Certification of RPAS Operators

(i) CAASA _____

(ii) Other _____

Name of RPAS Operating Certificate (ROC) holder _____

Issue date of current ROC

Y	Y	Y	Y	M	M	D	D

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) Required Limit _____

(ii) Required Limit _____

(iii) Required Limit _____

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

(Including airframe, launch station, GCS hardware and 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 and payload (KG)

(i) _____

(ii) _____

(iii) _____

Maximum operating altitude (M)	Maximum range (KM)	Maximum endurance (HRS)
(i)		
(ii)		
(iii)		

Has the Company or any of its RPAS managers, operators or engineers previously been refused insurance coverage

Yes ☐ No ☐

If **YES**, please specify

_____

_____

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

Launch And Recovery

How does the RPAS take-off (e.g. 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 and 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)

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Flight control communications (type and 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 split % 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) _____

Will any hazardous flying take place (e.g. poor weather conditions or poor visibility, night flights, near to power line electro-magnetic fields, etc.) Please specify activity

Yes ☐ No ☐

(i) _____

(ii) _____

(iii) _____

Espected annual flying (Please separate by RPAS airframe)

(i) Hours _____

(i) Hours _____

(i) Hours _____

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

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

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

A	Name		RPL Ref.		Date	Y	Y	Y	Y	M	M	D	D
B	Name		RPL Ref.		Date	Y	Y	Y	Y	M	M	D	D
C	Name		RPL Ref.		Date	Y	Y	Y	Y	M	M	D	D
D	Name		RPL Ref.		Date	Y	Y	Y	Y	M	M	D	D
E	Name		RPL Ref.		Date	Y	Y	Y	Y	M	M	D	D

Personal Accident

A	Name		Personal Accident	R250 000
B	Name		Personal Accident	R250 000
C	Name		Personal Accident	R250 000
D	Name		Personal Accident	R250 000
E	Name		Personal Accident	R250 000

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Privacy

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Declarations

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

Name of Principal (duly authorised) _____

Designation _____

Signature _____

Date

Y	Y	Y	Y	M	M	D	D

Please Note: this proposal form must be signed by a principal of the practice. Signature of the proposal form does not bind the Proposer or the Insurer to complete the insurance.

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