

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

## GLOSSARY

**Comms Abv .** Air Traffic Control

**CAA** Civil Aviation Authority

**Comms Abv** 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. | <u>Third Party Liability</u><br>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) | YES |    |
| 2. | <u>Physical loss &amp; damage to RPAS</u><br>Compulsory - Physical loss or damage to RPAS (airframe, payload, launch station and/or GCS) in operating or routine testing environment  | YES |    |
| 3. | <u>Spares Extension</u><br>Physical loss or damage to RPAS Spares (parts not attached to the RPAS)  | YES | NO |
| 4. | <u>Hull War Extension</u><br>Physical loss or damage to RPAS as a consequence of a deliberate/malicious act or act of sabotage  | YES | NO |
| 5. | <u>War Liability Extension</u><br>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   | YES | NO |
| 6. | <u>Cyber Risk Extension</u><br>Covers airborne Digital Assets, Non-Physical Business Interruption & Expenses, Computer Crime and Cyber Extortion (R100,000 limit)   | YES | NO |

## GENERAL

Name of Insured \_\_\_\_\_ Website \_\_\_\_\_

Country in which registered \_\_\_\_\_

Business Address \_\_\_\_\_ Code \_\_\_\_\_

## CERTIFICATION OF RPAS OPERATORS

Certifying authority (state applicable CAA regulator)

(i) CAASA \_\_\_\_\_

(ii) Other \_\_\_\_\_

Name of RPAS Operating Certificate (ROC) holder \_\_\_\_\_

Issue date of current 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) Required Limit R \_\_\_\_\_

(ii) Required Limit R \_\_\_\_\_

(iii) Required 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 \_\_\_\_\_

Number of RPAS airframes per GCS \_\_\_\_\_

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

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

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

Has the Company or any of its RPAS managers, operators or engineers previously been refused insurance coverage? YES NO

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)**      **C**   **B**
- (ii) Commercial **(C)** or Business Use **(B)**      **C**   **B**
- (iii) Commercial **(C)** or Business Use **(B)**      **C**   **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	(i)	_____	hours	Please confirm a log is kept for each flight/mission (in accordance with standard flight logs)	(i)	YES	NO
(Please separate by RPAS airframe)	(ii)	_____	hours		(ii)	YES	NO
	(iii)	_____	hours		(iii)	YES	NO

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

A.	Name _____	RPL Ref. _____	Date _____
B.	Name _____	RPL Ref. _____	Date _____
C.	Name _____	RPL Ref. _____	Date _____
D.	Name _____	RPL Ref. _____	Date _____
E.	Name _____	RPL Ref. _____	Date _____

**PERSONAL ACCIDENT EXTENSION (For RPL Operator – Covers loss of Sight / Limb & Death)**

A.	Name _____	Cover Limit required	R _____	Max R250,000)
B.	Name _____	Cover Limit required	R _____	Max R250,000)
C.	Name _____	Cover Limit required	R _____	Max R250,000)
D.	Name _____	Cover Limit required	R _____	Max R250,000)
E.	Name _____	Cover Limit required	R _____	Max R250,000)

**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.*

(Please type name in the box below)

(Please type title in relation to RPAS operation)