



PROPOSAL FORM

Proposer details			
Policyholder:		Contact name:	
Address:		Country:	
Postcode:		Email:	
Telephone:		Establishment date:	
All Subsidiary Company Names:		Website:	

General Particulars	
Full description of business	
Owners and Operators of Small Unmanned Aircraft (SUA)	
<i>(Please advise if you wish to cover another business activity as this will need to be referred to the Insurer)</i>	
Worldwide cover is standard subject to the following excluded territories:	
<ul style="list-style-type: none"> • United States of America • Algeria, Burundi, Cabinda, Central African Republic, Congo, Democratic Republic of Congo, Eritrea, Ethiopia, Ivory Coast, Liberia, Mauritania, Nigeria, Somalia, The Republic of Sudan, South Sudan • Colombia, Ecuador, Peru • Afghanistan, Jammu & Kashmir, Myanmar, North Korea, Pakistan • Georgia, Nagorno-Karabakh, North Caucasian Federal District • Iran, Iraq, Libya, Syria, Yemen • Any country where the operation of the insured Aircraft is in breach of United Nations sanctions 	
Do you require cover for additional territories?	
	If yes, which territories?
Have you received appropriate training?	
If you answered yes to the above question please answer the following:	
Who provided the training?	
Which training course did you complete?	
What date did you complete the course?	Ground School: Flight Test:
Are you in possession of a Permission to Fly from your national aviation authority?	
	(we will require a copy certificate once available)
When did you start operating SUA?	

Public/Products/Aviation Liability – please indicate level of cover required (EUR 1.3m/2.6m/6.5m/13m)
EUR
Do you propose to carry out any work for public authorities e.g. emergency services?



Do you propose to carry out any work for the military?

Professional Indemnity (data protection, invasion of privacy) - ONLY APPLICABLE TO ANNUAL POLICIES		
Cover required?	If yes, limit required (standard is 62,500):	EUR:
CLAIMS – the below questions are specific to the PROFESSIONAL INDEMNITY section only		
Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?		
Are any of the Principals, Partners or Directors AFTER FULL ENQUIRY aware of any circumstances which might give rise to such a claim?		
Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?		

Airborne Equipment - drones				
Make & Model	Serial No.	Year of manufacture	Value (EUR)	Rotary or Fixed Wing?

Airborne Equipment - other	
Total value of all other airborne equipment (i.e. cameras etc.):	EUR
Maximum value of all equipment that could be airborne at any one time (including the drone itself):	EUR

Ground Based Equipment (related to your drone operations, e.g. laptops, iPads etc.)	
What is the total value of ground based equipment?	EUR

Increased Cost of Working (ICOW) and Reinstatement of Data (ROD)	
Do you require ICOW cover at EUR 31,250 and ROD cover at EUR 12,500?	Yes / No

Hired in (non-owned) Equipment	
What is the total value of hired-in equipment?	EUR



Can you confirm that the continuing hire charges will not exceed EUR 10,000?	Yes / No
If no, what limit do you require?	EUR

Claims - Detail any losses in the past three years:-			
1. SUA or portable equipment away from the premises			
2. Public Liability			
Date	Details/Incident	Amount Paid	Outstanding
		EUR	EUR
		EUR	EUR
		EUR	EUR
Remedial Measures			
Date	Steps taken to avoid recurrence		

Other Material Information

DECLARATION

You understand the contents of this application and you declare that the information given is, to the best of your knowledge and belief correct and complete. You agree that any statements in this application shall form the basis of the contract and if the risk is accepted you undertake to pay the premium when called upon to do so. You understand that your information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

You also confirm that:

- You have never been declined insurance, applied increased terms, or refused to renew or had a policy cancelled by any Insurer;
- No Principal, Director or Partner has ever been convicted of or charged (but not yet tried) with arson, or any offence involving dishonesty of any kind (e.g. fraud, robbery, theft or handling stolen goods);
- No Principal, Director or Partner has ever been declared bankrupt or insolvent, CCJ's.

Signed:

Date:

Position Held: