

Delta Insurance New Zealand Ltd. Level 8, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079 [deltainsurance.co.nz](http://deltainsurance.co.nz)

## UAV Operator Indemnity Insurance

### Notice

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

### Applicant details

1 Operator/Company Name of Insured:

2 Website address:

3 Occupation:

4 Postal address:

5 Email:

Phone:

### Insurance and claims history

6 Name of Present Insurer:

Expiry Date:

7 List all accreditations and association memberships held by your business:

8 Please provide a complete record of incidents and or claims history if applicable.

9 Has the company or any of its staff involved in the operation of the UAV(s) been refused insurance coverage?  Yes  No

If **Yes**, please provide full details:

### UAV and equipment

10 Please provide details below:

	UAV 1	UAV 2
Year		
Make		
Model		
Value		
Serial number or other identification		
Fixed Wing or Rotary Wing		
Can you confirm the maximum take off mass is less than 15kg, including UAV and payload:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

11 Payload (if applicable please provide details) Value:

12 Ground Control Station (GCS) and ancillary equipment (if applicable please provide details) Value:

### Coverage required

#### Third Party Liability

(Covers liability to third parties for third party loss/damage, consequential of UAV failure)

13 Limit of indemnity required:  \$1m  \$2m  \$5m  \$10m  Other:

#### Physical loss & damage to UAV

(Covers physical loss or damage to UAV (airframe, payload, launch station and/or GCS)

14 If you have more than one UAV, can you confirm that only one UAV is airborne at any one time:  Yes  No

15 If you operate numerous UAVs simultaneously, please state the maximum amount that will be in the air at any one time:

16 Total value of all UAVs and payloads, if applicable:

17 Maximum value of airborne risk (including UAV and payload, if applicable):

18 Value of ground UAVs and payloads:

(deduct value of the airborne sum insured from total UAV and payload sum insured)

19 Ground Control Station and other equipment:

20 Do you have flightlogs and/or maintenance logs?  Yes  No

If **Yes**, please provide full details:

21 Where do you store your UAV(s)?

### Operations

22 Geographical area of operation:

23 What will you be using your UAV(s) for?

Use	% use
Agriculture:	%
Emergency response / disaster relief:	%
Media / film and videography:	%
Real estate:	%
Inspections. Please specify:	%
Logistics:	%
Wildlife conservation:	%
Insurance:	%
Police / law enforcement:	%
Other. Please specify:	%

24 What operating environment will you be operating in? (e.g. urban, industrial, rural, coastal, maritime etc. please describe and provide split.):

25 Will you be operating in any hazardous environments? (e.g. night flying, flying near power lines, flying near electro-magnetic fields, flying over water, flying in extreme weather conditions.):  Yes  No

If **Yes**, please provide full details:

26 Please confirm that you intend to fly your UAV for no more than 250 hours annually?

Yes  No

**Pilots**

27 Please provide details below:

	Pilot 1	Pilot 2
Name		
Date of birth		
License or qualification (please attach current license or qualification)		
Total flying hours		
Total flying hours past 12 months		
Total flying hours on model to be insured		
Accidents/incidents last five years		

**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.

This application does not commit the Insurer to any liability nor make the applicant liable for any premium unless the Insurer agrees in writing the coverage has been bound.

All details regarding qualifications shall be supported with relevant documentation.

Signature of Principal, Partner or Director:

Full name of individual:

Date: