



The Oriental Insurance Company Limited

Regd. Office: Oriental House, P.B.No.7037,A-25/27, Asaf Ali Road, New Delhi- 110002

UAV UDAN (Drone Insurance)

Policy Proposal Form

Applicant's Name:
Address:
Is this address located on, or adjacent to, an airport? Yes <input type="checkbox"/> No <input type="checkbox"/>
Effective from until Both at 12:01 AM standard time at the address above.
Business of Applicant
Number of Years in Business
Former Business Names
Applicant is Individual(s) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Holding Company <input type="checkbox"/> Government <input type="checkbox"/> Other (describe) <input type="checkbox"/>
and is owned, controlled, or a subsidiary of
Is Applicant incorporated solely for ownership of the drone?
Has Applicant obtained a Certificate of Waiver or Authorization (CoA) from the DGCA? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of last Drone insurer (if none, state so) Exp. Date
Describe all incidents, accidents, claims (hull and liability) with dates and amounts paid (even if no amount was paid), which occurred in the last five years.
Has any Insurance Company or Underwriter at any time declined any drone/UAV application submitted by you or cancelled or refused to renew any drone policy held by the applicant or any of the pilots named herein? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, explain.

Drone Pilot/Operator Name(S) with certification number
All pilots/operators who will regularly control the applicant's drone must complete a "UAS Pilot/Operator Qualifications" form:

Maintenance
Is all maintenance performed on the drone, and its individual components, completed in accordance to the manufacturer's guidelines? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a record of all maintenance maintained? Yes <input type="checkbox"/> No <input type="checkbox"/>

Duration of Cover	Annual <input type="checkbox"/>
	Short Period (Mention the period of coverage) <input type="checkbox"/> _____
	"Pay as You Fly" (Mention the period of coverage) <input type="checkbox"/> _____

Liability Coverage	Limits of Liability Requested (in INR)
Third Party Liability	
Cyber Liability (add-on) (If opted)	

Drone Information (If more than one unmanned drone is to be covered, please complete this page for each one of them)	
Physical Damage Coverage	Sum insured (Agreed Value) (in INR)
All Risk (Flight)	
All Risk (Spare Parts)	
Make and Model:	
Registration Number (DGCA UIN):	
Manufacturer's Serial No:	
Date Purchased:	New or Used: Price Paid (INR):
Present Estimated Value with all attached equipment/and any modifications made since purchase(INR):	
Drone Type:(CHECK ALL APPLICABLE) Fixed-wing <input type="checkbox"/> Rotor-wing <input type="checkbox"/> Balloon <input type="checkbox"/> Glider <input type="checkbox"/> Single-engine <input type="checkbox"/> Multi-engine <input type="checkbox"/>	
Does this drone burn combustible fuel? Yes <input type="checkbox"/> type No <input type="checkbox"/>	
Normal Control: Manually flown <input type="checkbox"/> Semi-autonomous <input type="checkbox"/> Fully autonomous <input type="checkbox"/>	
Type of launch: Traditional takeoff <input type="checkbox"/> Hand <input type="checkbox"/> Rail <input type="checkbox"/> Other (please describe) <input type="checkbox"/>	
Type of recovery: Traditional landing <input type="checkbox"/> Net/Line capture <input type="checkbox"/> Parachute <input type="checkbox"/> Other (please describe) <input type="checkbox"/>	

Maximum Gross Take-Off Weight (including all installed/carried equipment and payload (Specify lbs./Kg.)		
Wingspan/Rotor Diameter (Specify cm, inches, feet, or meters)		
Maximum Endurance (in hours)		
Maximum Operating Altitude (in feet)		
Maximum Range (Specify feet, yards, meters, miles, or kilometers)		
Does the drone have the ability to independently detect and avoid other aerial traffic? Yes <input type="checkbox"/> No <input type="checkbox"/>		
In the event of a lost link between the ground control station and the drone, does the UAV contain an automated recovery program that allows it to safely return to a predetermined point? Yes <input type="checkbox"/> (please describe procedure below) No <input type="checkbox"/>		
Are there redundancies built in for the drone's propulsion system? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there redundancies built in for the drone's flight control surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are there redundancies built in for the drone's navigation/communication systems? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Drone Manufacturer's website:		
Website (e.g., YouTube) where video of UAV can be viewed:		

Add-on covers opted (tick)	
Theft Cover	<input type="checkbox"/>
Accidental Damage to ground equipment	<input type="checkbox"/>
Alternate hire charges	<input type="checkbox"/>
Night flying endorsement	<input type="checkbox"/>
BVLOS endorsement	<input type="checkbox"/>
Drone in transit endorsement	<input type="checkbox"/>
Liability of damage to drone that you don't own	<input type="checkbox"/>
Personal Accident cover to operator	<input type="checkbox"/>
Accidental Medical Expenses to operator	<input type="checkbox"/>
Cyber Liability Cover	<input type="checkbox"/>
Mysterious Disappearance endorsement	<input type="checkbox"/>

Purpose Of Use		
(CHECK ALL APPLICABLE USES)		
Police <input type="checkbox"/>	Fire <input type="checkbox"/>	Search & Rescue <input type="checkbox"/>
Surveillance <input type="checkbox"/>	Photography <input type="checkbox"/>	Wildlife Observation <input type="checkbox"/>
Construction/Engineering <input type="checkbox"/>	Industrial <input type="checkbox"/>	Video/Film Production <input type="checkbox"/>
Communications <input type="checkbox"/>	Pipeline/Powerline <input type="checkbox"/>	Patrol <input type="checkbox"/>
Flight Testing/Demonstration <input type="checkbox"/>	Thermal Imagery <input type="checkbox"/>	Aerial Marketing <input type="checkbox"/>
Employee Training <input type="checkbox"/>	Crop Management <input type="checkbox"/>	Mapping <input type="checkbox"/>
Cargo/Freight Carrying <input type="checkbox"/>	Real Estate Sales <input type="checkbox"/>	Atmospheric/Weather Research <input type="checkbox"/>
Amusement <input type="checkbox"/>	List all other uses not indicated above (explain) <input type="checkbox"/>	

If different from the Applicant's address, please provide the address of location where drone/s is/are normally stored		
Is this address located on, or adjacent to, an airport? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Describe the security measures and fire protection in place at the location where the drone/s is/are stored:		
Who employs the pilot(s)/operator(s) of the drone to be insured? Applicant <input type="checkbox"/> other (explain) <input type="checkbox"/>		
Estimated number of hours the drone/s to be insured is/are to fly in the coming 12 months:		
Number of flights/missions:		
List all partners and owners and subsidiary firms on separate sheet. List Attached <input type="checkbox"/>		
Has any applicant, or officer or partner thereof, or pilot/operator been convicted in or indicted in a legal action involving drugs?		
Applicant is: Sole Owner of the drone <input type="checkbox"/> Others – explain <input type="checkbox"/>		
Are any other Drone (manned or unmanned) owned by, rented or used by or on behalf of Applicant?		
Model Drone:	Uses:	No. of hours per year:

Operating Environment/Characteristics	
(Check All Applicable Exposures)	
Urban <input type="checkbox"/>	Suburban/Semi-Urban <input type="checkbox"/>
Industrial <input type="checkbox"/>	Rural <input type="checkbox"/>
Over water <input type="checkbox"/>	Over large water Bodies <input type="checkbox"/>
Night operations <input type="checkbox"/>	Severe Weather <input type="checkbox"/>
Other (describe) <input type="checkbox"/>	
How many visual observers are used for a typical mission/flight? (Do not include pilot/operator)	
Maximum distance drone is anticipated to fly from ground control station. ((Specify feet, yards, meters, miles, or kilometers)	
Maximum anticipated altitude (AGL) for typical mission/flight.(Specify feet or meters)	
Longest anticipated duration of any single-flight (in hours)	

Fraud Warnings	
Notice to applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.\	
Applicant's Signature	Date: