

## UAS PROPOSAL FORM

*Please read the following information before binding.*

We base our provisional quotation based on the information you have given us. No cover has been organised. When you apply for cover we need you to confirm the information provided and provide more information if necessary. Based on when you apply or what you tell us, we may offer cover on different terms to those in this quote or decline your application.

### **Your Duty of Disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### **Non-Disclosure**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### **Average (underinsurance)**

The policy may contain underinsurance provisions which require you to insure the full value. If you do not, we may pay you a lower amount after taking into account the proportion of underinsurance as allowed by law. Please refer to the policy wording.

### **Subrogation Agreements**

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy that you will not seek to recover such loss or damage from that person, the Company will not cover you, to the extent permitted by law, for such loss or damage.

### **Interest of other parties**

For any party to be indemnified, once this quotation is bound, they must be named in the policy.

### **Excess / Deductibles**

An Excess or a Deductible which is the first amount of each claim you are required to bear yourself, it may not apply to each Section. Details of the Excess(es) applicable will be shown on the Schedule against the particular Section.

### **Claims**

The Insurance proposed on this quotation form does not provide cover in relation to events that occurred before the contract was entered into.

### **Change of Risk or Circumstances**

You should advise SPRIG Insurance Pty Ltd as soon as possible of any material change to your normal business as disclosed in the quotation, such as changes in location, acquisitions and new overseas activities.

### **Privacy Statement**

SPRIG Insurance Pty Ltd ("SPRIG") (ABN 85 602 773 419) (No. 423142) is committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth). We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We do not sell, trade, or rent your personal or sensitive information to others for monetary or financial gain. You can check the personal information we hold about you at any time. For more information about our Privacy policy and Financial Services Guide, ask us for a copy or visit our website at [www.spriginsurance.com.au](http://www.spriginsurance.com.au)

# UAS Proposal Form

Please complete the form, and sign and date the declaration. Please attach a separate sheet for sections with limited space.

## SECTION 1: GENERAL INFORMATION

## OPERATORS CERTIFICATE NUMBER:

Name:

Trading as:

Address:

State:

Postcode:

Telephone: (H)

(W)

(M)

Email:

Website:

Period of Insurance:

to

4pm

The applicant is:

an Individual

a Corporation

a Partnership

Other

## SECTION 2: COVERAGE REQUIRED

Third Party Legal Liability

Limit of Indemnity:

Physical Loss and/or Damage (Flight Risk)

Physical Loss and/or Damage (Ground Risk)

Transit\*

\*If yes, please provide method, location and security in the additional information section at the end of this proposal

Storage\*

## SECTION 3: UAS INFORMATION

	UAS 1	UAS 2	UAS 3	UAS 4
Make & Model				
Serial No				
Year of Manufacture				
Purchase Price				
Amount to be Insured				
Maximum take-off mass (kg)				
Operational Range/Radius				

## UAS Proposal Form

Yes

No

In respect to the above UAS(s), is there:

- a) Any unrepaired damage? (If yes, please specify)
- b) A dual communications link with the UAS? (If no, please specify)
- c) Any redundancy for power plant and electrical systems? (If yes, please specify)
- d) Are there any fail safe system (If yes, please specify)

Additional Information

### Additional Equipment / Payload

	Equipment 1	Equipment 2	Equipment 3	Equipment 4
<b>Make &amp; Model</b>				
<b>Serial No</b>				
<b>Purchase Price</b>				
<b>Amount to be Insured</b>				
<b>Maximum Payload (kg)</b>				

### Launch & Recovery Procedure

	UAS 1	UAS 2	UAS 3	UAS 4
<b>Launch</b>				
<b>Recovery</b>				
<b>Emergency (Auto recovery/Flight termination)</b>				

### SECTION 4: OPERATION

Urban                      Semi Urban                      Rural                      Industrial

Coastal (Onshore)                      Maritime(Offshore)                      Other

Yes

No

- Is the UAS to be operated visually by line of sight? (if no, please specify)
- Will the UAS be operated in controlled airspace? (if yes, please specify)
- Will any low visibility or night operations be conducted? (if yes, please specify)
- Who will complete the Maintenance on the UAS?

How will the maintenance servicing be documented?

Please provide past years utilisation (hrs)

Expected year utilisation (hrs)

# UAS Proposal Form

## SECTION 5: PURPOSE OF USE

Aerial Photography      Advertising      Mapping      Surveillance

Power Lines      Sporting Events      Training      Other (please specify)

## SECTION 6: GCS & PILOT INFORMATION

	Name	Licence No	Total UAS Hours	Total UAS Hours on Type	Other Pilot Qualifications held
GCS Controller					
Pilot					
Pilot					
Pilot					
Pilot					

Any training undertaken in the last 2 years (Please specify)

## SECTION 7: PREVIOUS HISTORY

As far as known, have you either alone or jointly with any other party:

Yes

No

In the last 5 years been involved in any accident involving aircraft or liabilities associated with aircraft

In the last 5 years been convicted of any breach of air navigation safety regulations?

Had any Underwriter or Insurer refuse, decline, cancel or impose special terms?

Ever been declared bankrupt, had bankrupt proceedings commenced against you, or convicted of a civil or criminal offence?

If you answered Yes to any of the above please provide further information and incident or claim costs incurred

## PREVIOUS INSURANCE

Have you previously held UAS insurance

Name of Insurer

Policy Number

# UAS Proposal Form

## SECTION 8: DECLARATION

Yes

No

I acknowledge that I have read and understood the Important notices contained in this application

I agree that this electronic proposal, together with any other information or document supplied shall form the basis of any contract of insurance

I acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the company

I declare after enquiry that the statements, particularly any information contained in this application and in any document accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or missed.

I undertake to inform the Company of any material alteration to those facts before completion of the contract of insurance.

Signature\*

Date

Name

Position

\*This Proposal Form must be signed by a Responsible Officer of the Applicant Company

## IMPORTANT INFORMATION

Please save file and return to:

**info@spriginsurance.com.au**

**PO Box 328, Wilston QLD 4051**

It is understood and agreed that this proposal shall form the basis of the contract should a policy be issued.

## ADDITIONAL INFORMATION