



UNDERWRITING MANAGERS

Tel: 0861-00-0090  
 E-mail: [info@keu.co.za](mailto:info@keu.co.za)  
 Website: [www.keu.co.za](http://www.keu.co.za)

## DRONE ALL RISK PROPOSAL FORM

1	NAME OF INSURED: (Must be RSA legal entity)		WEBSITE ADDRESS:			
2	REGISTRATION NUMBER:		VAT NUMBER:			
3	ADDRESS WHERE DRONE WILL BE KEPT:					
4	PHYSICAL PROTECTIONS AT THIS ADDRESS: (PLEASE TICK THE APPLICABLE SECURITY MEASURES)	Burglar bars	CCTV record	All exterior doors have security gates		
		Alarm with armed response		Burglar bars in front of all windows		
5	PERIOD OF INSURANCE:	FROM:	TO:			
6	TYPE OF WORK DONE BY APPLICANT:					
7	DRONE PILOT (Operator's Name / RPL Reference Number / Date of last Issue)					
	NAME	RPL NO	DATE ISSUED	DAY / MONTH/ YEAR	FLYING HOURS	
	NAME	RPL NO	DATE ISSUED	DAY / MONTH/ YEAR	FLYING HOURS	
	NAME	RPL NO	DATE ISSUED	DAY / MONTH/ YEAR	FLYING HOURS	
8	NAME OF RPAS OPERATING CERTIFICATE (ROC) HOLDER					
9	NUMBER OF YEARS IN BUSINESS:					
10	HAS THE INSURED TRADED UNDER ANY OTHER COMPANY NAME DURING THE PAST 5 YEARS, IF YES, SUPPLY DETAILS				YES	NO
11	IS EQUIPMENT HIRED OUT TO ANY THIRD PARTY WHERE THE INSURED WILL NOT BE IN DIRECT CONTROL OF THE EQUIPMENT? IF YES, SUPPLY DETAILS AND PROVIDE RENTAL AGREEMENT				YES	NO
12	DOES THE INSURED WORK OUTSIDE SOUTH AFRICAN BORDERS? , IF YES, SUPPLY DETAILS				YES	NO
13	NUMBER OF EVENTS / SHOOT / PROJECTS PER YEAR?					
14	ANNUAL TURN OVER EXPECTED FOR PERIOD TO BE INSURED					
15	APPROXIMATE SIZE (PERSONS ATTENDING) PER EVENT / SHOOT / PROJECT?					
16	DAILY RENTAL CHARGES (To hire in additional equipment/ Loss or rent following a claim on insured equipment)					



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17	ESTIMATE TIME TO REPLACE THE DRONE					
18	WHAT IS THE MAXIMUM WEIGHT OF THE DRONE INCLUDING ATTACHMENTS			KG		
19	IS IT POSSIBLE TO ATTACH A SEPARATE CAMERA			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO					
20	WHAT IS THE MAXIMUM WEIGHT OF THE CAMERA TO BE ATTACHED			KG		
21	PUBLIC LIABILITY LIMIT IN THE AGGREGATE:			R		
22	EMPLOYERS LIABILITY LIMIT IN THE AGGREGATE:			R		
23	DRONE DETAIL					
	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	VALUE	
					R	
					R	
					R	
					R	
24	AGGREGATE REGISTRATION COST OF DRONE			R		
25	PLEASE PROVIDE DETAILS AND VALUES OF ANY ADDITIONAL ATTACHMENTS			R		
26	IS THE LAUNCHING PROCESS AUTONOMOUS OR DOES IT REQUIRE AN EXTERNAL PILOT, PLEASE PROVIDE DETAIL					
27	IS THE LANDING PROCESS AUTONOMOUS OR DOES IT REQUIRE AN EXTERNAL PILOT, PLEASE PROVIDE DETAIL					
28	ARE THERE ANY ADDITIONAL SAFETY FEATURES REGARDING THE LANDING/ LAUNCHING PROCESS					
29	WILL YOU BE FILMING IN:	PUBLIC AREAS	MINING/ CONSTRUCTION	CLOSED OFF FILMING SHOOTS		
		OWN PRIVATE SPACE	FARMING SURVEILLANCE	SMALL PERSONAL EVENTS		
30	NAME OF PREVIOUS INSURANCE COMPANY/IES?					
	COMPANY:			CLAIMS LODGED:	YES	
					NO	
	COMPANY:			CLAIMS LODGED:	YES	
					NO	
32	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:					



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## DRONE ALL RISK PROPOSAL FORM

YEAR	VALUE	DESCRIPTION

WERE YOU EVER DECLINED COVER IF SO, PLEASE PROVIDE DETAILS:

YES

NO

IRO DRONES PLEASE NOTE THAT WE WILL REQUIRE THE FOLLOWING:

RPL – Remote Pilot License

RPA Registered – A Photograph of the Drone Displaying The Registration Number

RLA – RPA Letter Of Approval

ROC- RPAS Operating Certificate

Permission for Aerial Work From Air Service Council

PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT INCLUDING RAND VALUE TO BE INSURED

### DECLARATION

Signing this application does not bind the applicant or the company to complete insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way to conceal or misrepresent material fact or circumstances concerning, this insurance or the subject thereof the entire policy shall be void.

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I/We have read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

Insurance products are underwritten by Centriq Insurance Company Limited (“Centriq”), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417). KEU holds preference shares in Centriq Insurance Company Limited.

For further information please read our Privacy Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

INSURED FULL NAME		DATE	DAY/MONTH/YEAR	SIGNATURE	
NAME OF BROKING COMPANY				FSP NUMBER	
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:					
CONTACT DETAILS					