

REQUEST FORM Helicopter Drone Insurance Dutch Drone Academy

Please completely and clearly fill out this form and return the signed form to Driessen Assuradeuren

1 Broker / Intermediary

Name : Intermediary Number :

Contact : E-mail address :

Phone Number : Fax :

2 Information Applicant

Company Name :

Registered Address :

City - Postcode/zipcode :

Country :

Phone Number : E-mail address :

Year of establishment :

Website :

Date of Establishment :

Full description of business activities (please confirm that the UAV will be used for commercial purposes only):

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Please confirm UAV will be used for commercial purposes only.

3 Requested coverage

- Physical loss and damage to UAV
- Third party liability
- Hull war extension

4 Sum Insured / Date of Inception (please attach purchase invoice)

Specification of the sum insured of each UAV, accessories, camera(s), payload, launch station and/or Ground Control System (please specify separately)

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Date of Inception :

5 UAV Details

Brand Type

Manufacturer..... Year.....

Max take-off weight..... Serial number(s).....

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6 Liability Cover

- Third party liability € 1.000.000,- per claim
- Third party liability € 2.500.000,- per claim
- Third party liability € 5.000.000,- per claim

7 Geographical Operations

Country(ies) and region(s)

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8 Flying hours and training

Expected annual flying hours per UAV?.....

Did you receive training from manufacturer? Yes No If yes, when/where :

How many training hours?.....

Have you completed or are you completing the Euro-USC or RPQ-S qualification? Yes No

Has a permit/exemption been received from the local civil aviation authorities? Yes No

9 Additional questions

Any losses and/or incidents the last 5 years (if applicable, please specify date, event, amount):

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10 Statement of circumstances

Are there any facts or circumstances that are of interest for insurers in evaluating the risk? Yes No

If yes, please specify:

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Undersigned declares to have answered the preceding questions truthful and thorough.

Statement of Circumstances

Are there any known circumstances that might reasonably lead to a claim against applicant, (candidate) policyholder or any stakeholder with this policy?

If yes, by who and why?.....

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.

Applicant declares to agree:

Place : Date :

Name : Function :

Signature :

Name, function and signature of an authorized person of the requesting company.

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Authorization : if Driessen Assuradeuren collects the premium please fill out and sign this part.

Hereby I authorize Driessen Assuradeuren at The Hague to collect the premium for the insurances of _____(company name) located _____ from bank account _____(number) _____(name of the bank) located _____

Place _____ Date _____

Name applicant _____

Signature: _____