



Unmanned Aerial System Questionnaire

Details of Proposer

Name to be Insured: _____

Operators Certificate Number _____

Telephone: _____ Mobile: _____

Email: _____

Address: _____

State: _____ Post Code: _____

UAS Information

	UAS 1	UAS 2	UAS 3
Make and Model			
Year of Manufacture			
Serial Number			
Maximum Take-off weight (kg)			
How many hours has the UAS type flown since production			
Single or Multi-Engine			
Engine type			
What is the engine overhaul / ultimate life on the engines			
Maximum operating range			

Cont....	UAS 1	UAS 2	UAS 3
Maximum operating endurance			
Hull Sum to be Insured	\$	\$	\$
Required Liability Limit	\$	\$	\$

Is the UAS to be insured a prototype / development vehicle, or a series production machine?

How does UAV take-off? Conventional undercarriage / launch rail / rocket assisted etc.

How does the UAS recover / land? Recovery net, parachute, conventional landing on undercarriage etc.

Do primary flight control surfaces have any form of control redundancy?

If the engine / generator fails, is there any alternate electrical power supply (i.e. onboard battery) to provide electrical power for communication link and controls? Could the vehicle attempt a glide return to base?

In the event of any malfunction during the flight, are there any fail-safe systems (auto recovery / parachute system)? If "yes" please supply details.

UAS Uses

(Estimated hours per year)	UAS 1	UAS 2	UAS 3
Aerial Surveying / Photography			
Advertising			
Surveillance			
Powerline Inspection			
Training			
Agriculture Operation			
Sporting events / Festivals			
Total Hours			

Are any unusual manoeuvres being carried out? if possible, please provide a summary on the proposed flight test schedule (i.e. how many hours of basic manoeuvre, cruise, high altitude / low altitude etc. to be flown)

Will any take-off or landings be carried out in poor visibility or at night (either be external pilot or autonomous)?

Is the UAS operated in controlled airspace or over built-up areas? (please specify)

Ground Control Stations & Communications

	UAS 1	UAS 2	UAS 3
Operates inline of sight or GPS			
Take-off / Landing – fully autonomous or external pilot			
Single or Dual communications			
Mean time between failure (MTBF)			
Is there any form of comms “Relay” employed?			
Communication type			
Communication range			

If communication / contact is lost in flight can the UAS return to base on its own? If yes, what is the procedure for attempting to retain contact with the UAS once it is overhead the ground station / recovery zone?

What is the operational range / radius of the UAS from the ground station?

Additional Equipment (Cameras)

Make and Model	Serial Number	Insured Value
1.		\$
2.		\$
3.		\$

Pilots

	Controller 1	Controller 2	Controller 3	Controller 4
Name:				
Total UAS time (hrs)				
Total UAS make & model (hrs)				
Total aeronautical experience (hrs)				
Controllers License number				
Other pilot qualifications held				

Have any controller has any accidents or claims in the last 5 years?
 (Please include date, locations, and circumstances of loss to an airframe and any damage to third parties and details of any insurance / client pay outs to third parties as a result of the incident/s)

Provide details of relevant training undertaken in the past 2 years

Print Name

Signature

Date

Please return this complete form to Aviation Insurance Brokers via
 Email admin@aviationinsurance.com.au or Fax 07 3274 4758
 to allow us to obtain quotations on your behalf.