|  |  |
| --- | --- |
| List Campus and Department |  |

1. **Unmanned Aerial Vehicles (UAV), attach picture if available**

| Make & Model (UAV) | Year | Serial No. | Value of UAV | Maximum Take Off Weight (MTOW) (include UAV airframe, navigation and comms, & payload) (KG) | Maximum operating altitude (M) | Maximum range (KM) | Maximum endurance (HRS) | Expected Annual Hours |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Who owns the UAV, UC or a third party? Please include a copy of the lease |  |
| Please confirm if a log is kept for each flight/mission (in accordance with standard flight logs) | * Yes
 | * No
 |
| If yes, please provide a copy of the log for each UAV unit to be insured: |  |
| Is the Unmanned Aerial Vehicle or the Operators certified by governing authority | * Yes
 | * No
 |
| If yes, please list the granting country |  |

1. **Operations**
2. How is the UAV deployed? (ie conventional undercarriage/launch rail/rocket assisted)

1. Is the take-off/launch and/or recovery/landing fully autonomous or is there an external pilot?

1. What is the recovery system of the UAV? (Recovery net/parachute/conventional landing on undercarriage?)

|  |  |  |
| --- | --- | --- |
| 1. What is the UAV navigation and communications
 | * Line of Sight
 | * GPS
 |
| 1. List the Navigation systems and flight control software
 |  |
| 1. Are there redundancies in place? (ie Pre-programmed holding pattern and/or line of sight operator control)
 |  |
| 1. Does the UAV have the ability to fly autonomously or is manual input required at all times?
 |  |
| 1. Describe the UAV’ flight control communications by type & range, single or dual communication link
 |  |
| 1. Who will maintain the UAV, UC or a third party? Will the parties be certified to repair the UAV’s?
 |  |
| 1. Will UC fuel the UAV, UC or a third party? Will the parties be certified to fuel UAV’s (if applicable)
 |  |
| 1. What are the guidelines for operating guidelines for each UAV mission?
 |  |
| 1. Will the UAV be subject to weather conditions? If yes, please describe the weather minimums?
 |  |
| 1. Who dictates the go/no go criteria for each mission?
 |  |

1. **Ground Control Station (GCS) Management**

|  |  |
| --- | --- |
| 1. How is the UAV Controlled?
 |  |
| 1. If GCS is utilized, list the number of UAV per (GCS)
 |  |
| 1. Who will pilot the UAV, UC or 3rd party?
 |  |
| 1. How are the pilots trained?
 |  |
| 1. Is there initial and/or recurrent training for the pilots?
 |  |
| 1. Complete pilot qualification forms
 |

1. **Area of Operations:**

|  |  |
| --- | --- |
| 1. List locations and/or Dates of Operations
 |  |
| 1. Describe usage of UAV by the Insured
 |  |
| 1. Describe operating environments/location (Please provide as much detail as possible)
 |  |
| 1. What is the standard operating altitude? Is there an altitude for which the UAV will not be operated?
 |  |

|  |  |
| --- | --- |
| 1. Will any hazardous flying take place? Please specifiy (ie poor weather conditions or poor visibility, night flights, near to power line electro-magnetic fields etc)
 |  |
| 1. Where will the UAV be stored?
 |  |
| 1. Will the UAV flown in populated areas?
 | * Yes
 | * No
 |
| 1. What loss control measures are in place to prevent a loss?
 |

Please provide a complete record of incidents and/or claims history for owned UAV damaged during flight.