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| 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 |
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| 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?)

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| 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**

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| 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:**

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| 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? |  |

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| 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.