



## PROPOSAL FORM

**Important Notes:**

- This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim.
- All questions must be answered. If the answer to any question is none or not applicable, state NONE or NOT APPLICABLE. If space is insufficient to answer any question fully, attach a separate sheet.
- Where applicable, please provide Products Brochures, Contract Conditions and/or Trading Conditions and Testing and/or Accreditation Certificates.

Name of the Agent/Intermediary: \_\_\_\_\_

Agent Code/Intermediary License No.: \_\_\_\_\_

**DETAILS: Put a (✓) mark wherever applicable**

1. Information about the Insured	
1.1. Proposed Insured (Name):	_____
1.2. Whether the Insured is	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Manufacturer
1.3. Complete mailing address (with PIN code):	_____ _____
Email ID:	_____
Mobile Number:	_____

2. Risk Details:	
2.1. Select (✓) Primary zone where the RPAS(s) will be operated as defined by Airworthiness Authority	<input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Red
2.2. Select (✓) Safety feature applicable to RPAS	<input type="checkbox"/> 2.2.1. 'auto-land' or 'return-to-home' capability <input type="checkbox"/> 2.2.2. Parachute landing available <input type="checkbox"/> 2.2.3. Any other please specify: _____
2.3. Select (✓) Type of operations of the Insured	<input type="checkbox"/> 2.3.1. Commercial <input type="checkbox"/> 2.3.2. Private
2.4. Can the RPAS operator take over manual control of the RPAS at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.5. Select (✓) usage of RPAS(s) to be insured hereunder:	<input type="checkbox"/> 2.5.1. Photography <input type="checkbox"/> 2.5.2. Videography <input type="checkbox"/> 2.5.3. Survey <input type="checkbox"/> 2.5.4. Inspection <input type="checkbox"/> 2.5.5. logistics (cargo delivery) <input type="checkbox"/> 2.5.6. others
2.6. Select (✓) industry segments for which RPAS(s) will be operated:	<input type="checkbox"/> 2.6.1. Emergency Services/Search & Rescue <input type="checkbox"/> 2.6.2. Wildlife Management/Research/Conservation

**REMOTELY PILOTED AIRCRAFT SYSTEM  
(RPAS) INSURANCE POLICY  
UIN: IRDAN108RP0002V01202122**



WITH YOU ALWAYS

- 2.6.3. Construction/Engineering/Architecture
- 2.6.4. Oil/Gas/Energy/Rail/Transportation
- 2.6.5. Real Estate Sales & Management
- 2.6.6. Entertainment (Aerial Film/Video)
- 2.6.7. Marketing / Advertising (Aerial Photography/Film/Video)
- 2.6.8. Flight Test/Product Demonstration/Training
- 2.6.9. Agriculture
- 2.6.10. Communication
- 2.6.11. Environmental/Atmospheric/Weather Research
- 2.6.12. Photography – Special Events (Weddings, Private Functions, etc.)
- 2.6.13. Mapping / Survey
- 2.6.14. Disaster/Accident Investigation/Insurance/Claims support
- 2.6.15. Other, please specify: \_\_\_\_\_

2.7. Select (✓) the operating environment in which RPAS(s) will be flying

- 2.7.1. Urban Land (City centers, heavily populated areas)
- 2.7.2. Industrial (Near numerous non-residential buildings)
- 2.7.3. Over water (rivers/ponds/small lakes)
- 2.7.4. Suburban/Semi-Urban (numerous nearby buildings/moderate population)
- 2.7.5. Rural Land (Limited, if any, exposure to people and property)
- 2.7.6. Over open water (large lakes/seas/oceans)
- 2.7.7. Other (describe) \_\_\_\_\_

2.8. Select (✓) The parking facility for the RPAS(s) for which the insurance is required

2.8.1. Dedicated

- Open
- Closed

2.8.2. Shared

- Open
- Closed

2.9. Estimated total number of flights during the Period of Insurance

1 to 10	
11 to 20	
21 to 30	
31 to 40	
41 to 50	
51 to 60	
61 to 70	
71 to 80	
81 to 90	
91 to 100	
100 and above	

**REMOTELY PILOTED AIRCRAFT SYSTEM  
(RPAS) INSURANCE POLICY**  
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WITH YOU ALWAYS

**3. Coverage required**

3.1. Period of Insurance: From: \_\_\_\_\_ (DD/MM/YY) To: \_\_\_\_\_ (DD/MM/YY)

Coverage		Opted (Yes/No)	Sum insured/ Limit of liability
Section 1	Hull (Loss Of Or Damage To "RPAS") (Comprehensive)		
Section 2	Third Party Liability (Legal Liability To Third Parties) (Comprehensive)	Bodily Injury & Property Damage (Mandatory)	
Add on Cover	Data Loss Liability		
	Night Flying Endorsement		
	Invasion of Privacy		
	Loss of or damage to the Payload		
	Coverage for Recreational Flying		
	Coverage for No Permission No Take-off (NPNT) Compliant RPAS		
	Coverage for Beyond Visual Line of Sight (BVLOS) operation		
	Extended Coverage Endorsement (Drone War Liabilities)		

3.3. Details of RPAS to be insured:

Sr. No. or ID	Type: Fixed Wing / Rotary Wing/ Hybrid	Make and Model	Year of Manufacturing	Maximum permissible weight recommended specified by the manufacturer [weight of (RPAS + Payload)]	NPNT enabled (yes /no)	Unique Identification Number (UIN)	Drone Acknowledgement Number (DAN)	Owner Acknowledgement Number (OAN)

3.4. Operator Details

Total RPAS hours operated	Make & Model Hours	Total Experience	Has there been any accident in the last 12 months

3.5. Voluntary Excess/Deductible (each & every claim/loss): INR \_\_\_\_\_

3.6. Jurisdiction Region (applicable only for Third Party Liability risks):

- 3.6.1. India  
 3.6.2. Worldwide excluding USA/Canada  
 3.6.3. Worldwide including USA/Canada

3.7. Total number of flights taken by the RPAS: \_\_\_\_\_

Remotely Piloted Aircraft System (RPAS) Insurance Policy UIN: IRDAN108RP0002V01202122

**REMOTELY PILOTED AIRCRAFT SYSTEM  
(RPAS) INSURANCE POLICY**  
UIN: IRDAN108RP0002V01202122



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**4. Details of expiring policy (if any)**

4.1. Insurance company: \_\_\_\_\_  
4.2. Policy period: From: (DD/MM/YY) \_\_\_\_\_ To: (DD/MM/YY) \_\_\_\_\_  
4.3. Sum insured for Hull: \_\_\_\_\_  
4.4. Limit of Indemnity of TPL: Aggregate: INR \_\_\_\_\_ Any One Accident: INR \_\_\_\_\_

**5. Claim information:**

5.1. For last 5 years, are there any claims reported? Yes  No   
If yes, then please provide incident details of claims reported in last 5 years (if any)  
5.1.1. Total count of claims: \_\_\_\_\_  
5.1.2. Claims on account of Damage/loss of RPAS: count \_\_\_\_\_ total value \_\_\_\_\_  
5.1.3. Claims on account of Third party Liability: count \_\_\_\_\_ total value \_\_\_\_\_  
5.2. Are you aware of any adverse event/situation/incident/loss that can lead to a claim or claim like situation under the proposed policy? Yes  No   
5.3. Has any insurer ever declined to renew your RPAS insurance policy? Yes  No   
If "yes", please provide complete details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Other Information related to Insured:**

6.1. PAN CARD Number (10 Digit Number) \_\_\_\_\_  
6.2. Sources of funds:  Salary  Business  Investments  Others (please specify) \_\_\_\_\_  
6.3. GSTIN No. \_\_\_\_\_  
6.4. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)  
As per Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronics Funds Transfer (NEFT) / Real Time Gross Settlement (RGTS) / Interbank Mobile Payment Service (IMPS)  
For this purpose, please submit the following details of the proposer's bank account.  
Name of the account holder: \_\_\_\_\_  
Name of the bank: \_\_\_\_\_  
Branch Name: \_\_\_\_\_  
Account no.: \_\_\_\_\_  
Bank IFSC code: \_\_\_\_\_  
If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned Account is to be attached. #mandatory if annualized premium is more than ₹10,000  
Account Type:  SB Account  Current Account  
 Others (please specify) \_\_\_\_\_

Remotely Piloted Aircraft System (RPAS) Insurance Policy UIN: IRDAN108RP0002V01202122

**REMOTELY PILOTED AIRCRAFT SYSTEM  
(RPAS) INSURANCE POLICY  
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**Declaration:**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

Code: \_\_\_\_\_

**Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print):**

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: \_\_\_\_\_

Name & Signature of agent/intermediary: \_\_\_\_\_

**Agent Declaration:**

I, \_\_\_\_\_ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/ Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer): \_\_\_\_\_

Name of the specified Person and code: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Agent: \_\_\_\_\_

**AML declaration**

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/we are not Politically Exposed Persons \* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.

"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction - Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

**Nationality:**  Indian  Non-Indian  If Non-Indian, please specify Country: \_\_\_\_\_

**Type of Organization making the payment (Pls tick)**

- Limited Company  Government Organization  Non-Governmental Organization (NGO)  Society  
 Trust  Partnership  International Organization  Cooperatives  
 Section 25 Company

**Prohibition of rebates - S. 41 of The Insurance Act, 1938 as amended by the Insurance laws (Amendment) Act, 2015**

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer."
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**Disclaimer:**

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions, please read the policy wordings carefully, before concluding a sale.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

**REMOTELY PILOTED AIRCRAFT SYSTEM  
(RPAS) INSURANCE POLICY  
UIN: IRDAN108RP0002V01202122**



WITH YOU ALWAYS

Application Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the Proposer: \_\_\_\_\_

We acknowledge with thanks the receipt of your application for Remotely Piloted Aircraft System (RPAS) Insurance and amount by cash/cheque/Demand Draft/others \_\_\_\_\_ of amount of Rs.\_\_\_\_\_. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or premium is not received by us in full and in time and/or non-fulfillments of additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days from the date of underwriting decision on the proposal.

Note to items;

1. "AIRWORTHINESS AUTHORITY" would mean Directorate General of Civil Aviation (DGCA) or any similar civil aviation authority involved in forming the regulation for operation of "RPAS"

**Tata AIG General Insurance Company Limited**

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