

[www.drohnenversicherung.eu](http://www.drohnenversicherung.eu)

## Risk questionnaire for drones

### 1. General Information

Name, first name or company

Street, No.

Postcode, Town / City

Tel:

Fax:

eMail:

Homepage:

#### Current Insurer:

Type:	Insurer:	expiry date:	Terminated:
Third Liability			
Kasko			
Electronics			

#### I / we use the drone for the following:

- private use only  
 commercial     scientific     official government     Photo / Film  
 surveillance flights     agriculture  
 other: \_\_\_\_\_

I / we require the following insurance coverage for 12 months: \_\_\_\_\_

ANCORA Vers.-Verm. GmbH  
Grimm 14  
20457 Hamburg  
Telefon (040) 30 70 88-30  
Telefax (040) 30 70 88-40  
E-Mail: [info@ancora-gmbh.de](mailto:info@ancora-gmbh.de)

Geschäftsführer: Andreas Kaerger  
Hamburg HRB 54398  
Sitz der Gesellschaft: Hamburg  
Register-Nr. D-C8WA-0K JVX-08  
[www.vermittlerregister.info](http://www.vermittlerregister.info)  
USt-Id Nr. DE223285529

Euro-Hanse GmbH  
Große Elbstraße 212  
22767 Hamburg  
Telefon: (040) 380 37 260  
Telefax: (040) 380 37 2619  
E-Mail: [info@euro-hanse.de](mailto:info@euro-hanse.de)

Geschäftsführer: Mirko Samsinger  
Hamburg HRB 51263  
Sitz der Gesellschaft: Hamburg  
Register-Nr. D-01Y3-WDIHX-30  
[www.vermittlerregister.info](http://www.vermittlerregister.info)  
USt-Id Nr. DE118549596

## 2. Third Liability Insurance

All Premium plus VAT 19% in Germany or VAT of the insured Holder in his country

Sum insured	Europe (geogr.) private use	Europe (geogr.) private and commercial use	Remarks
<input type="checkbox"/> EUR 1.000.000	EUR 45,00	EUR 90,00	only 1 drone
<input type="checkbox"/> EUR 3.000.000	EUR 70,00	EUR 180,00	2 drones max. 1 in air/use
<input type="checkbox"/> EUR 5.000.000	EUR 140,00	EUR 250,00	3 drones max. 1 in air/use

For an additional surcharge of EUR 50 we offer worldwide cover excl. USA/CDN and as per clause LSW 617H.

## 3. Valid Area for Kasko and Electronics Insurance:

- Germany                       Germany + neighboring States                       Europe (geographically)  
 Worldwide Cover (excl. USA / Canada and clause LSW 617H)

### 3a. Drone Information

Drone-Typ	Year of construction	Serial No. (required)	MTOM (kg)	list price	used	flight data recorder onboard?
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### 3b Camera / accessories -Information (not fixed to the drone)

Make / Model	Year of construction	Serial-No. (required)	list price	used	other
				<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	
				<input type="checkbox"/> yes <input type="checkbox"/> no	

Add supplement if necessary

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### 3c. Kasko-/ Electronics sums insured

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add 3a) Total sum insured of all listed drones: EUR \_\_\_\_\_

add 3b) Electronic-Insurance (only necessary if the camera for example not connected to the drone)

Sum insured: \_\_\_\_\_

TOTAL Sum insured: EUR \_\_\_\_\_

Insurable from a single value (incl. Camera / Accessories) of € 4.000 (3a + 3b) All the above premiums are in EUR plus VAT 19% in Germany or the VAT of the insured Holder. Kasko- and Electronic premium incl. a no claim bonus of 30%

### 5. Operation Information

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Description: \_\_\_\_\_

Other risk-related Information like claims in the last 5 years:

#### An insurance confirmation is required in advance:

- Please tick if an insurance confirmation is requested before the policy is drawn up.

I have taken note, that the information given by me in a discovery order issued by me, may be the subject of the contract. Incorrect information can lead to refusal in the event of damage to cover. The Policyholder confirms with the signature that all pilots of the drones received a briefing from the manufacture / trader.

Date / Town \_\_\_\_\_ signature of Policyholder / Applicant / seal \_\_\_\_\_

Date / Town \_\_\_\_\_ signature of Insurance broker / seal \_\_\_\_\_

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