

Remotely Piloted Aircraft System (RPAS) Application

Applicant _____
 Address _____
 City _____ Province _____ Postal Code _____
 Phone _____ Email _____

RPAS Information

RPAS use

Type and purpose of operation?

- Basic Operations (as defined by Transport Canada)
- Advanced Operations (as defined by Transport Canada)
- Special Flight Operating Certificate (please attach copy of SFOC, if applicable)

Area(s) the RPAS will be used:

Urban (e.g. Toronto): _____ %
 Rural: _____ %
 Outside Canada: _____ % Where do you expect to operate
 Total: _____ % Outside Canada? _____

Any claims related to operating RPAS?

RPAS detail

Year of manufacture	Make & Model	Transport Canada / FAA ID	Agreed Value	Max Operating Altitude (AGL)	Max Gross Take-Off Weight (incl. payload)	Aircraft Category (eg. fixed wing, quadcopter, etc.)	Est. hours of utilization for next 12 months
			\$	ft	kg		
			\$	ft	kg		
			\$	ft	kg		
			\$	ft	kg		

Name/Address Lienholder: _____ Lien Amount: \$ _____

Insurance information

Period _____ to _____
mm/dd/yyyy mm/dd/yyyy

Liability insurance

Third party liability limit _____

Hull insurance

Coverage (select one) _____

Note:

Operators (Pilots)

	Pilot 1	Pilot 2	Pilot 3	Pilot 4
Name				
Age				
License and/or training – please provide details: <ul style="list-style-type: none"> • Basic training • Training or Make / Model RPAS 				
UAV flight total				
UAV time past 12 months				
Accidents / violations				
Drone Pilot Certificate No.				

Declarations, warranty, privacy and consent

The **Applicant(s)** (collectively, the “Applicant”) confirms that he/she wishes to use Aon’s services and consents to Aon’s collection, use and disclosure of any personal information required for the following purposes:

- To determine eligibility and process applications for insurance products and to provide information and services as requested
- To understand and assess ongoing needs and offer products and services to meet those needs
- For communication, service, billing and administration purposes
- For claims administration and data analysis
- To comply with legal, audit, security and regulatory requirements
- To verify the personal information provided.

The Applicant authorizes Aon to collect and/or disclose the Applicant’s personal information from/to third parties such as insurance companies, other brokers, adjusters, credit reporting agencies, motor vehicle/driver licensing authorities, financial institutions, medical professionals and others as may be required for the above purposes. If the Applicant is providing any additional insured personal information, the Applicant warrants having obtained the prior written consent from each additional insured for the collection, use and disclosure of their personal information as set out herein. The Applicant acknowledges that he/she may withdraw a previously given consent for one or more purposes at any time, by contacting Aon’s Privacy Officer in writing and understands that such withdrawal may result in Aon’s inability to provide the services requested. The Applicant acknowledges that this Consent remains in force until withdrawn by the Applicant in whole or in part, regardless of any other consents the Applicant may sign authorizing the collection, use or disclosure of personal information. Aon’s Privacy Policy and Privacy Officer contact information is available at <http://www.aon.com/canada/about-aon/privacy.jsp> or by calling any Aon office in Canada.

Signature of applicant: _____

Title: _____ **Date:** (mm/dd/yyyy) _____

Phone number: _____ **Email:** _____