

## Airmeet/ Balloon Event Liability Application

- Airmeet / Balloon Event                       Fly-In                       Static Display

Please answer accurately and in as much detail as possible.

1. Named Insured: (Exact name of organization to be insured (principal sponsor): \_\_\_\_\_  
\_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Event: \_\_\_\_\_
4. Name and location of airport and/or facilities being used: \_\_\_\_\_
5. Date(s) of Event: From: \_\_\_\_\_ To: \_\_\_\_\_  
Total Number of Show Days: \_\_\_\_\_
6. Additional dates for which coverage is required when there will be no public attendance  
(i.e.: practice days, set-up, teardown, arrivals, departures, media days) \_\_\_\_\_  
\_\_\_\_\_
7. Alternate/Rain dates (s): \_\_\_\_\_
8. Additional Insureds: List those persons or organizations, which have requested to be named on  
your policy. You must indicate their relationship to the event.  
A. \_\_\_\_\_ Relationship \_\_\_\_\_  
B. \_\_\_\_\_ Relationship \_\_\_\_\_  
C. \_\_\_\_\_ Relationship \_\_\_\_\_  
D. \_\_\_\_\_ Relationship \_\_\_\_\_
9. A. Estimated Total Attendance for **ALL** dates listed in Question 5: \_\_\_\_\_  
B. Total Attendance for Last Year's Event(s): \_\_\_\_\_
10. A. Describe planned crowd control: \_\_\_\_\_  
\_\_\_\_\_  
B. Will **Horses** be used in crowd control?  Yes  No  
Provide Number \_\_\_\_\_
11. Medical payments coverage?  
Limits available: \$ 2,500 per person /\$ 10,000 per accident.  Yes  No  
\$ 5,000 per person /\$ 30,000 per accident.  Yes  No

12. Personal / Advertising Injury?  Yes  No

Limit Desired? (circle one) \$1,000,000 \$5,000,000

13. Will you sell Food Beverages or Souvenirs at your event?  Yes  No

Are products sold:  Directly  By Local Civic Groups  By Independent Contractors

If sold by Local Civic Groups or independent contractors have you obtained a Certificate of Insurance for each group / contractor?  Yes  No

Are you named as an Additional Insured on their coverage?  Yes  No

Limit Desired? (circle one) \$250,000 \$500,000 \$1,000,000

14. Will alcoholic beverages be SOLD at you event?  Yes  No

In what name in the Liquor License held? \_\_\_\_\_

Do you want Host Liquor Liability coverage on this policy?  Yes  No

Do you want Liquor Legal Liability coverage on this policy?  Yes  No

If Liquor is not sold by you, have you obtained a Certificate of Insurance?  Yes  No

Are you named as an Additional Insured on their coverage?  Yes  No

Limit Desired? (circle one) \$500,000 \$1,000,000 \$2,000,000

15. List all Performers (civilian and military participating in your event): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you obtained a Certificate of Insurance from each participating performer?  Yes  No

Are you named as an Additional Insured on their coverage?  Yes  No

**It is important that you obtain a Certificate of Insurance from each participating performer.**

16. Will you have any Jet Powered Vehicles, Monster Trucks, or other vehicle acts?  Yes  No

Have you obtained a Certificate of Insurance from each performer?  Yes  No

Are you named as an Additional Insured on their coverage?  Yes  No

17. Will there be any Balloons at your event?  Yes  No How Many? \_\_\_\_\_

18. Will you have any Grandstands or Bleachers?  Yes  No How Many? \_\_\_\_\_

List dimensions and seating capacity: \_\_\_\_\_

Collapsible?  Yes  No

Have you obtained a Certificate of Insurance from your Bleacher Contractor?  Yes  No

Are you named as an Additional Insured on their coverage?  Yes  No

19. Will there be Air Races?  Real  Simulated Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Will any Fireworks or Explosives be used?  Yes  No Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and License Number of Pyrotechnic Contractor to be used: \_\_\_\_\_

Have you obtained a Certificate of Insurance from your Pyrotechnic Contractor?  Yes  No  
 Are you named as an Additional Insured on their coverage?  Yes  No  
 Do you want Explosives Liability coverage on this policy?  Yes  No

Limit Desired? (circle one)                      \$500,000                      \$1,000,000                      \$5,000,000

21. Will there be any Non-Owned Vehicles used strictly **ON AIRPORT PREMISES**

Please describe your Non-Ownership Vehicle exposure:

TYPE	HOW MANY	USE
Private Passenger Vehicles, Trucks or Vans	_____	_____
Buses, Other (Describe)	_____	_____
	_____	_____

Do you want Vehicle Non-Ownership Liability for these vehicles?  Yes  No  
 We provide automatic coverage for owned and non-owned mobile equipment, i.e. golf carts.

22. How many years have you held this event? \_\_\_\_\_

23. Have there been any accidents at your previous events?  Yes  No  
**Please describe on a separate sheet.**

24. Will there be any Non-Aviation Activities?  Yes  No  
**Please describe on a separate sheet.**

**Coverages and Limits of Liability**

The following coverage's and maximum limits of liability are available.  
Please indicate what coverages and limits are desired.

Premises (max limit \$10,000,000CSL).                      Limit desired: \_\_\_\_\_

Sign and Date here (except New York residents).

A) I confirm that all the information given in this application is true and complete to the best of my knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the Insurer shall be the basis of any contract between the Insurer and me.

Applicant's Signature: \_\_\_\_\_

Title \_\_\_\_\_ Dated: \_\_\_\_\_

B) New York State Insurance Department – Regulation 95

New York Applicants:

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant's Signature: \_\_\_\_\_

Title \_\_\_\_\_ Dated: \_\_\_\_\_

Please forward all Certificates of Insurance for performers, bleachers, food, alcoholic beverages, and pyrotechnic contractors to Shannon & Luchs.

Name of contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address for policy:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

The following must be completed by Agent or Broker before Policy can be issued:

Name/Address of Agent or Broker: \_\_\_\_\_

\_\_\_\_\_

Are you licensed in the state where the Insured is located as: \_\_\_\_\_ Surplus Lines Broker

\_\_\_\_\_ Agent

Is an Agent of Ace Property & Casualty Insurance Company in the state where the Insured is located?  Yes  No