

AIRMEET LIABILITY FORM

Airmeet/Balloon Event: Fly-In Static Display

Name of Insured: (Exact name of organization to be insured (principal sponsor))

Mailing Address: _____

Name of Event: _____

Name and location of airport and/or facilities being used:

Dates of Event:

From: _____ To: _____ Any night shows? _____

Alternate/Rain Dates: _____

Additional Dates for which coverage is required when there will be no public attendance: (practice days, set-up, teardown. Arrivals, departures, media days) _____

Additional Insureds: List those persons or organizations, which have requested to be named on your policy. You must indicate their relationship to the event.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Estimated total attendants for ALL dates listed: _____

Total attendants for last year's event(s): _____

Describe planned crowd control: _____

Will horses be in crowd control? _____ Provide Number: _____

Medical Payments Coverage?

\$2,500 per person/\$10,000 per accident: _____

\$5,000 per person/\$30,000 per accident: _____

Personal/Advertising Injury? _____

List all Performers (civilian and military participating in your event):

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

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.

Will you have any Jet Powered Vehicles, Monster Trucks, or other vehicle acts? _____

Have you obtained a certificate of insurance from each performer? Yes No

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

Will there be any Balloons at your event? Yes No How many? _____

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

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

Are products sold? Yes No

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

Will alcoholic beverages be SOLD at your event? Yes No

In what name is 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

Will there be air races? Yes No

Please describe: _____

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

Will there be any Non-Owned Vehicles used strictly **ON AIRMEET PREMISES** (i.e. crowd control/security)? Yes No

Please describe your Non-Ownership Vehicle exposure:

TYPE

Private Passenger Vehicles, Trucks or Vans How many? _____ Use: _____

Buses, Other (Describe) How many? _____ Use: _____

Do you want Limited Vehicle Non-Ownership Liability for these vehicles? Yes No

Do you need coverage for your Courtesy/Rental vehicles? Yes No

(Automobiles taken off airport premises) **Use separate application.**

Do you need coverage for Rented or Leased Property Equipment? Yes No **Use Separate Application.**

Do you need coverage physical damage to Non-Owned Aircraft while in your care, custody or control? Yes No

How many years have you held this event? _____

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

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

Coverages and Limits of Liability.

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

Premises (max limit \$25,000,000 CSL)	Limit desired: _____
Products Liability	Limit desired: _____
Pyro. liability (max limit \$1,000,000 CSL)	Limit desired: _____
Non-owned & Hired Auto liability on airmeet premises only	Limit desired: _____
Legal Liquor Liability (max limit \$5,000,000)	Limit desired: _____
Personal/Advertising Injury (max limit \$1,000,000)	Limit desired: _____

I/We declare that the statement and declarations made above are true and that no information has been withheld that might influence any acceptance of insurance; and I/We agree that the statements and declarations given above and the application signed by me/us will be the basis of the contract between me/us and the Insurers. I/We further agree that Insurers may investigate any qualification or statements contained above, through any source including through the privacy Act. No coverage is bound under this application form until such time as coverage is confirmed by an authorized person in writing.

Date _____ **Applicant's Signature** _____

Name of agent or broker: _____

Phone Number _____ Fax Number _____ Email Address: _____