



Airmeet Liability Application

Please complete this form and hit the "submit" button at the end to send your information.

Airmeet/Balloon Event Fly-In Static Display

Name 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, tear-down, 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?

Are you named as an Additional Insured on their coverage?

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?

Are you named as an Additional Insured on their coverage?



Will there be any Balloons at your event? How many:

Will you have any Grandstands or Bleachers? How many:

List dimensions and seating capacity:

Collapsible?

Have you obtained a Certificate of Insurance from your Bleacher Contractor?

Are you named as an Additional Insured on their coverage?

Will you sell Food Beverages or Souvenirs at your event?

Are products sold:

If sold by Local Civic Groups or independent contractors have you obtained a Certificate of Insurance for each group / contractor?

Are you named as an Additional Insured on their coverage?

Will alcoholic beverages be SOLD at you event?

In what name is the liquor license held?

Do you want Host Liquor Liability coverage on this policy?

Do you want Liquor Legal Liability coverage on this policy?

If Liquor is not sold by you, have you obtained a Certificate of Insurance?

Are you named as an Additional Insured on their coverage?

Will there be air races?

Please describe:

Will any fireworks or explosives be used?

Please describe:



Name and License Number of Pyrotechnic Contractor to be used:

Have you obtained a Certificate of Insurance from your Pyrotechnic Contractor?

Are you named as an Additional Insured on their coverage?

Do you want Explosives Liability coverage on this policy?

Will there be any Non-Owned Vehicles used strictly **ON AIRMEET PREMISES** (i.e. crowd control/ security)?

Please describe your Non-Ownership Vehicle exposure:

TYPE	HOW MANY	USE
Private Passenger Vehicles, Trucks or Vans	<input type="text"/>	<input type="text"/>
Buses, Other (Describe)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Do you want Limited Vehicle Non-Ownership Liability for these vehicles?

Do you need coverage for your Courtesy/Rental vehicles?
(Automobiles taken off airport premises) **Use separate application.**

Do you need coverage for Rented or Leased Property/Equipment? **Use Separate application.**

Do you need coverage physical damage to Non-Owned Aircraft while in your care, custody or control?

How many years have you held this event?

Have there been any accidents at your previous events? Please describe on a separate sheet.

Will there be any Non-Aviation Activities? 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.

- | | | |
|---|----------------|----------------------|
| <input type="checkbox"/> Premises (max limit \$25,000,000CSL) | Limit desired: | <input type="text"/> |
| <input type="checkbox"/> Products Liability | Limit desired: | <input type="text"/> |
| <input type="checkbox"/> Pyro. liability (max limit \$1,000,000CSL) | Limit desired: | <input type="text"/> |
| <input type="checkbox"/> Non-owned & Hired Auto liability on airmet premises only | Limit desired: | <input type="text"/> |
| <input type="checkbox"/> Legal Liquor Liability (max limit \$5,000,000). | Limit desired: | <input type="text"/> |
| <input type="checkbox"/> Personal/Advertising Injury (max limit \$1,000,000) | Limit desired: | <input type="text"/> |

Sign and Date here (except New York residents)

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.

Signature of person completing report

Title: Date of report:

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.

Signature of person completing report

Title: Date of report:



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:

Is an Agent of Westchester Fire Insurance Co. in the state where the Insured is located?