

### AIRMEET LIABILITY SUPPLEMENTAL

(More than one of the below may apply)

- Airmeet/Balloon Event    Fly-In    Static Display

#### Applicant Information

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Are you a member of the International Council of Air Shows?       Yes    No  
 Has anyone within your organization attended these seminars within the past two years?    ICAS Event Controller    CAS Air Ground Operations

#### Event Information

Name of Event: \_\_\_\_\_  
 Name of Airport and/or Facilities Being Used: \_\_\_\_\_  
 Located \_\_\_\_\_ miles \_\_\_\_\_ (direction) from \_\_\_\_\_ (city)  
 Date(s) of Event: from \_\_\_\_\_ to \_\_\_\_\_  
 Are there any night shows or activities?       Yes    No  
 Alternate raindate(s): \_\_\_\_\_

List those persons or organizations which have requested to be named on your policy. You must indicate their relationship to the event. If they are requesting a certificate of insurance you provide their mailing address on a separate sheet.

Additional Insureds	Relationship

Estimated total attendance for ALL dates listed \_\_\_\_\_  
 Total attendance for last years event \_\_\_\_\_  
 Describe planned crowd control:

Will horses be used in crowd control?    Yes    No   If "YES", please provide the number: \_\_\_\_\_

List all performers (civilians and military) participating in your event:

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

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

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

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

Have there been any accidents/claims at your previous events?       Yes    No

**Event Information cont'**

**Hangarkeepers Legal Liability**

Do you need coverage for physical damage to non-owned aircraft while in your care, custody, or control?  Yes  No

Will there be any non-aviation activities?  Yes  No

Will you have any jet powered vehicles, monster trucks, or other vehicle acts?  Yes  No

Will there be remote controlled aircraft at the event?  Yes  No

*If "YES" to any of the above please describe in the comments or on a separate sheet.*

Will there be any balloons at your event?  Yes  No

If "YES": How many? \_\_\_\_\_

Will all balloons be tethered?  Yes  No

Are balloon rides available to attendees?  Yes  No

*Airmet Liability coverage excludes participants or passengers in aircraft or balloons.*

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

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

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

Will you have any grandstands or bleachers?  Yes  No

If "YES": How many? \_\_\_\_\_

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

Are grandstands or bleachers 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

If "YES": Are products sold:  Directly  Independently  By Independent Contractors

If sold by Local Civic Groups or independent contractors, have you obtained a Certificate of Insurance from 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

If "YES": 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 from the vendor?  Yes  No

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

Will there be air races?  Yes  No

If "YES":  Real  Simulated

Please describe:

Will any fireworks or explosives be used?  Yes  No

If "YES": Please describe: \_\_\_\_\_

Name the 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

### Event Information cont'

Will there be any non-owned vehicles used strictly on airmeet premises (i.e. crowd control/security)?

Yes  No

If YES, please describe your non-ownership vehicle exposure:

Type	How Many?	Use
Private Passenger Vehicles		
Trucks		
Vans		
Buses		
Other (describe)		

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

Yes  No

Do you need coverage for your courtesy/rental vehicles?

Yes  No

*This coverage is not available with Phoenix Aviation Managers. Please seek request from brokers through another carrier.*

Do you need coverage for rented or leased property equipment?

Yes  No

### Coverages & Limits of Liability

Type	Limit Desired
<input type="checkbox"/> Medical Payments Coverage	
<input type="checkbox"/> Premises	
<input type="checkbox"/> Products Liability	
<input type="checkbox"/> Pyrotechnics Liability	
<input type="checkbox"/> Non-Owned & Hired Liability on Airmeet Premises Only	
<input type="checkbox"/> Legal Liquor Liability	
<input type="checkbox"/> Personal/Advertising Injury	
<input type="checkbox"/> Hangarkeepers Legal Liability	

### Comments