

Note: Airmeet Liability policy excludes coverage for participants or passengers in aircraft or balloons.

13. 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.

14. 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

15. Will there be any Balloons at your event? Yes No How Many? _____

16. 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

17. 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

18. 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

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

21. 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	_____	_____
Buses, Other (Describe)	_____	_____
	_____	_____

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

22. Do you need coverage for your Courtesy/Rental vehicles?
 (Automobiles taken off airport premises) Yes No

Use separate application.

23. Do you need coverage for Rented or Leased Property/Equipment? Yes No

Use Separate application.

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

25. How many years have you held this event? _____

26. Have there been any accidents at your previous events? Yes No

Please describe on a separate sheet.

27. 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 \$25,000,000CSL). Limit desired: _____
- Products Liability Limit desired: _____
- Pyrotechnics liability (max limit \$1,000,000CSL). 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: _____

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 Westchester Fire Insurance Co. in the state where the Insured is located? Yes No