

Insurance Technologies and Programs

A Division of Air Capital Insurance, LLC

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Questionnaire for AIRMEET LIABILITY COVERAGE

**IT&P is the leading authority for insurance coverage on air shows in the U.S. and Canada.
Experience gives IT&P the Edge. Put the Edge to work for you.**

1. Date(s) of your event: _____ Alternate/rain date(s)? _____
2. Dates for arrivals/departures/media, set-up/tear down _____ Night Shows _____
3. What is the **Name of the Event**? _____
4. **Named Insured** (Principal Sponsor): _____
5. **Location** (airport and/or facilities) where the event will take place: _____
Address: _____
6. Additional Insureds:

<u>Name of person/organization</u>	<u>Describe relationship to the event</u>
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
7. Liability Limit requested: \$1,000,000 \$5,000,000 Other: \$ _____
8. Who will be performing in your event? _____
(It is important that you obtain a Certificate of Insurance from each participating performer.)
9. Will you have any Jet Powered Vehicles, Monster Trucks, or **other vehicle acts**? Yes No
*(You **MUST** provide a Certificate of Insurance from each of these performers.)*
10. Will there be Remote-Controlled Aircraft at the event? Yes No If yes, describe _____
Are they Fast Trac certified? Yes No
11. Will there be **Balloons** or **Powered Parachutes** at your event? Yes No How Many? _____
12. Will you have Grandstands or Bleachers? Yes No How Many? _____
List dimensions and seating capacity: _____
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
13. Describe planned crowd control: _____
14. Will you sell Food, Beverages or Souvenirs at your event? Yes No
Are the products sold: Directly By Local Civic Groups By Independent Contractors
Do you want Products Liability coverage added to your policy? Yes No

15. Will alcoholic beverages be **SOLD** at the event: Yes No
In what name is the Liquor License held? _____
Do you want Liquor Legal Liability Coverage on this policy? Yes No

16. Will there be Air Races real or simulated? Describe: _____

17. Will any Fireworks or Explosives be used? Yes No If Yes, Describe: _____

Name and License Number of Pyrotechnic Contractor to be used: _____
Do you want Explosives Liability coverage on this policy? Yes No
In order to affect coverage, you MUST provide a Certificate of Insurance from the Pyrotechnic Contractor naming the event as an Additional Insured.

18. Will there be **ANY** aircraft or Balloon rides before, during or after your event? Yes No
Note: Airmeet Liability policy excludes coverage for participants or passengers in aircraft or balloons.

19. Will there be any Non-Owned Vehicles used strictly on Airmeet premises, i.e. crowd control/security?
Please describe your Non-Owned Vehicle exposure, **excluding Performer Vehicles**:

<u>TYPE</u>	<u>HOW MANY</u>	<u>USE</u>
ATVs and/or Golf Carts	_____	_____
Private Passenger Vehicles, Trucks or Vans	_____	_____
Buses	_____	_____
Other (describe): _____	_____	_____

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

20. Do you need coverage for your *Courtesy/Rental Vehicles* used on and off airmeet premises?
 Yes No If Yes, complete separate application.

21. Do you need coverage for your Rented or Leased Property/Equipment? Yes No
If Yes, complete separate application.

22. Do you need coverage on Non-Owned aircraft while in your care, custody or control? Yes No
Maximum Value of any one aircraft: \$ _____ Total value of ALL aircrafts \$ _____

23. How many years have you held this event? _____
Has there ever been an accident at your previous events? Yes No
If yes, describe on separate sheet.

24. Will there be any Non-Aviation Activities? Yes No If yes, describe on separate sheet.

25. Are you a member of the International Council of Air Shows? Yes No

26. Has anyone within your organization attended these seminars, within the past two years:
ICAS Air & Ground Operations Yes No ICAS Event Controller Yes No

27. Name of Person to Contact about this policy: _____
Phone No.: _____ Fax No.: _____ Email: _____

28. Mailing Address for Policy:
Name: _____
Address: _____
Note: Coverage will not take effect unless payment has been received and a binder or policy has been issued.

Signature: _____ Date: _____