

Insurance Technologies and Programs

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Questionnaire for AIRMEET LIABILITY COVERAGE

ITP is the leading authority for insurance coverage on air shows in the U.S.
When it comes to Air Shows... We DO IT ALL!

1. Actual Event Dates: _____ Alternate/rain date(s)? _____

2. Complete Coverage Dates, _____ Night Shows Yes No

Set-up/tear down included

3. Name of the Event: _____

4. Named Insured: _____

5. Location Name (airport and/or Facilities) where the event will take place: _____

Address: _____

6. Do you have Additional Insured's? Yes No If so, please complete page 5.

7. Liability Limit requested: \$1,000,000 \$5,000,000 Other: \$ _____

8. List Performers: _____

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 obtain a Certificate of Insurance from each of these performers.**

10. Will there be Remote Controlled Aircraft at the event? Yes No If yes, How Many? _____
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: _____

Collapsible or Non-Collapsible? _____

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

15. Will alcoholic beverages be **SOLD** at the event: Yes No
 In what name is the Liquor License held? _____
 Who is selling the alcohol? _____
 Do you want Liquor Legal Liability Coverage on this policy? Yes No
Host Liquor is included up to liability limits

16. 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.

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

18. 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>
Private Passenger Vehicles, Trucks or Vans	_____	_____
Buses	_____	_____

What limit of liability is required? \$250,000 is included. \$1M \$2M Other _____

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

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

21. Is Hangarkeepers Liability needed for aircraft while in your care, custody or control? Yes No
 Maximum Value any one aircraft: \$ _____ Total value of ALL aircrafts \$ _____

22. How many years have you held this event? _____
 Has there ever been an accident at your previous events? Yes No If yes, attach description.

23. List other activities (i.e., Fun Run, Kid Zone, Carnival, Concert, Etc.) _____

24. Name of Person to Contact about this policy: _____

Phone No.: _____ Email: _____

25. Mailing Address for Policy:

Name: _____

Address: _____

26. Are you a broker? Yes No

Name: _____ Agency: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

****Coverage will not take effect unless payment has been received and a binder or policy has been issued.****

Additional Insured Information List

Name of person/organization & Address
Please provide any specific wording/requirements.

- A. _____

- B. _____

- C. _____

- D. _____

- E. _____

- F. _____

Describe Relationship to the Event
Venue, Parking lot, Sponsor, Etc.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____