

APA Jump Program Application

1. Terms:

For each exhibition, a completed Demonstration Jump Insurance Application AND payment should be received at least 3 days before the certificate is needed for an intended jump (or series of jumps at the same location on consecutive days) is to begin.

Application and payment can be mailed, faxed or emailed to Cassandra Ades or Trisha Keeler.

Mail to: ITP, PO Box 458, Wichita, KS 67201

Overnight: 10100 W. Maple St., Wichita, KS 67209

Fax: (316) 858-1994

Email: cassandra.ades@itpinsurance.com or phone at (316) 303-1272

2. Definition:

A demonstration or exhibition jump is defined as a jump performed for reward, remuneration, or promotion and principally for the benefit of spectators. Competition events and for-profit events sponsored by drop zones do not qualify for demonstration insurance. Contact ITP for quotes on General Liability Event Insurance.

For coverage to be valid each insured jumper MUST comply with the applicable FAR's.

Tandem jumps may be part of a demonstration jump only if the jump is performed in accordance with current FAA regulations.

- **Open Field and Level 1** – no experience necessary for the passenger
- **Level 2** – the tandem instructor **AND** passenger must have 200 jumps, and 50 jumps within the past 12 months, Five (5) jumps within the past 60 days on the actual canopy to be used for the demo.
- **Stadium** – tandem jumps into stadiums are prohibited by the FAA.

3. Requirements:

Open Field and Level 1:

- Minimum of 200 jumps, and
- 50 Jumps within the past 12 months, and
- Five (5) jumps within the past 60 days on the actual canopy to be used for the demo.

Level 2 and Stadium

- 50 jumps in the past 12 months, and
- Five (5) jumps within the past 60 days on the actual canopy to be used for the demo.

4. Applicant Information (must be participating in the jump):

Name of Certificate Holder _____

Name of Team (if applicable) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

5. Jump Information:

Date(s) of jump: _____ Alt. Date (if any): _____

Venue name: _____

Location address _____

City _____ State: _____ Zip: _____

Name of event: _____ Type of event: _____

Will there be tandem jumps: Yes No Please Explain:

Is your jump taking place at a pre-inspected jump area: Yes No

Type of Landing Area (check one):

Open Field Level 1 Level 2 Stadium

6. Insured Participants (required):

List all qualified potential participants. You can attach additional pages if necessary.

6a. Additional insured (landlord, landowner, tenants, host, sponsors, organizers, or ground crew).

Note: Aircraft owner and pilot are not covered under the insurance and will not be named as additional insured.

Name	Relationship to Demo Jump

Premiums

Using the charts below, select your coverage and payment. If paying by credit card/debit card there is a 3.5% processing fee. **Please select or highlight the premium based on Limit required and number of days.**

Payment by check or money order

	\$250,000	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000
1 Day	<input type="checkbox"/> \$225	<input type="checkbox"/> \$375	<input type="checkbox"/> \$475	<input type="checkbox"/> \$865	<input type="checkbox"/> \$920
2 Day	<input type="checkbox"/> \$450	<input type="checkbox"/> \$750	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1,470	<input type="checkbox"/> \$1,575
3 Day	<input type="checkbox"/> \$625	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,840	<input type="checkbox"/> \$2,100
4 Day	<input type="checkbox"/> \$700	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$1,425	<input type="checkbox"/> \$2,100	<input type="checkbox"/> \$2,310
5 Day	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,175	<input type="checkbox"/> \$1,575	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$2,520
6 Day	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,275	<input type="checkbox"/> \$1,675	<input type="checkbox"/> \$2,675	<input type="checkbox"/> \$2,835
7 Day	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,375	<input type="checkbox"/> \$1,775	<input type="checkbox"/> \$2,835	<input type="checkbox"/> \$2,990

8. Cancellation:

In case of cancellation of a jump due to weather conditions, you need to notify our office on the date of the jump via phone message. Premium will be refunded minus a \$50.00 agency fee and any applicable credit card transaction fees.

9. Certification:

I understand it is my responsibility to certify that all jumpers listed meet the necessary requirements for this demonstration. I certify that all jumps will be made in accordance with this document FARs.

Applicant's Signature _____

Date: _____

Coverage will be issued only upon receipt of signed application, satisfaction of all insurance requirements and payment of premium.

10. Credit Card Payment Authorization

Name as it appears on the card: _____

Card number: _____ CVC (last 3 on back) _____ Expiration date: _____ / _____

Total to charge: _____

I hereby authorize Insurance Technologies & Programs to charge my insurance premium to the credit card listed above.

Cardholder's Signature: _____ Date: _____