

Balloon: Request an Additional Insured

Person Requesting Additional Insured Name: _____

Phone Number _____

Email Address _____

Policy Number _____

Named Insured As It Appears On Policy _____

Named Insured Phone Number _____

Named Insured Email Address _____

Balloon Number _____

Additional Pilots ___ Yes ___ No

Additional Pilot Name _____

Second Additional Pilot Name (if applicable) _____

Event Name _____

Event Beginning Date _____

Event Ending Date _____

Event Point of Contact Email Address _____

Event Address

Additional Insured Name _____

Additional Insured Address _____

Email completed form to
Kathy Gallagher Burton
RPS Balloon Underwriter/Broker
Kathy_Gallagher-Burton@rpsins.com