



CHECK- LIST FOR AIR SHOW ORGANIZERS

It is essential that you obtain Certificates of Insurance from all of your Participants, Performers and Vendors

This is critical to the risk management of your show. Be sure each Certificate contains the following general information:

- Named Insured
- Insurance Company & Policy Number
- Effective dates of coverage
- Limits of liability
- Date Certificate is issued should be no more than 60 days prior to your show date
- Certificate should state the activity and location being covered
- **Event named as an Additional Insured**

Aircraft Performers Certificates should include following information:

- The aircraft used in the event
- Specific use of aircraft is indicated on the certificate (i.e. air shows for hire, rides, parachuting, static displays, fly-bys, etc)
- All approved pilots are listed on the Certificate
- Limits of Liability
 - ◆ Suggested Minimum Limits: \$1,000,000 each occurrence Bodily Injury and Property Damage
- If a performer/participant or anyone else is giving rides, **the Air show must be an Additional Insured on their aircraft insurance policy as the event policy does not provide coverage for passengers in aircraft.**
- For Parachute Jump Teams:
 - Certificate from owner of jump plane showing coverage for parachute use
 - And a certificate for the Demonstration Jump Insurance/Third Party Liability

Certificates for participants, other than aircraft performers, (including Jet Vehicles/Monster Trucks, Pyrotechnics) should include:

- Description of vehicle and activity (i.e. **Demonstration Race**)
- Location of event listed on Certificate
- Event & Sponsors must be named as Additional Insured
- Limits of Liability for any performer/participant (suggested minimum):
 - \$1,000,000 each occurrence, Bodily Injury and Property Damage

Vendor Insurance Certificates should include following information:

- Commercial General Liability Policy and **Automobile** Liability
- Coverage for Products/Completed Operations
- Description of Operations and Products covered compatible with activity at your event
- Your airport or facility listed as a covered location
- Limits of Liability (suggested minimum)
 - \$1,000,000 each occurrence, Bodily Injury and Property Damage

We can answer any questions you may have concerning the certificates you receive from your participants. Or you may send copies to us for review.

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**:

TYPE	HOW MANY	USE
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. 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.

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

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

25. Has anyone within your organization attended these seminars, within the past two years:

ICAS Air & Ground Operations Yes No ICAS Event Controller Yes No

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

Phone No.: _____ Fax No.: _____ Email: _____

27. 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: _____

Application for COVERAGE ON COURTESY CARS

Coverages

Hired & Non-Owned Liability Limit

\$ 1,000,000 each occurrence

Bodily Injury and Property Damage

Physical Damage

Comprehensive & Collision

Maximum Limit per Vehicle

\$45,000

Deductible per Vehicle

\$ 1,000

Name of Insured (Sponsoring Organization): _____

Name of Event: _____

Number of Vehicles

Dates Coverage Needed

Mailing Address: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Applicant's Signature _____ Date: _____

Accident Coverage for Volunteers

Type and Amount of Benefit

Accidental Death Maximum Benefit	\$ 25,000
Accidental Dismemberment Maximum Benefit	\$ 25,000
Accidental Medical Expense Maximum Benefit	\$ 25,000
Dental Limit Included in Accidental Medical Expense Benefit	
Deductible Amount	\$ 0

Name of Insured (Sponsoring Organization): _____

Address: _____

Name of Event: _____

Dates of Coverage: From _____ To _____

Activities to be covered (be specific):

Type of Event	How Often Held	Number of Volunteers	Ages
_____	_____	_____	_____
_____	_____	_____	_____

Are supervisors included in the above number? Yes No

What experience do the volunteers and supervisors have in the activities to be covered?

If similar accident coverage for volunteers has been carried in the past, give details:

Policy Year	2010 _____	2011 _____
Premium	\$ _____	\$ _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Weather Insurance Quotation Request

Coverage does not exist unless and until applicant's check covered by sufficient funds has been deposited and a binder or policy has been issued.

Name of Applicant: _____

Address of Applicant: _____

Name of Event: _____

Type of Event: _____

Location of Event: _____

Total Amount of Coverage Requested: _____

Date(s) of Event:	Hours of Coverage:	Amount of Coverage:
_____	From: _____ To _____	\$ _____
_____	From: _____ To _____	\$ _____
_____	From: _____ To _____	\$ _____

Measurement of Weather Peril:

<u>Rain</u>	<u>Other</u>
_____ 1/100" (.01)"	_____
_____ 1/10" (.10)"	_____
_____ (.25)"	_____
_____ (.50)"	_____
_____ Other _____	_____

Claim Settlement Option: (Check One)

- A. Closest National Hourly Weather Station
- B. Independent Weather Observer on Location

Applicants:
Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Property Coverage for Rented/Leased/Donated Equipment

Name of Insured (Sponsoring Organization): _____

Address: _____

Name of Event: _____

Dates of Coverage: From: _____ To: _____

Equipment to be covered:

<u>Description (Golf Carts, Radios, etc)</u>	<u>Number of Items</u>	<u>Replacement Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

If Similar Coverage has been carried in the past, have there been any losses?

Yes No

If yes, describe: _____

Signature: _____ Date: _____