

6625 W 78th Street, Suite 210 Bloomington, MN 55439 Ph: 952.746.4853 Fax: 952.746.4858

HOT AIR BALLOON INSURANCE APPLICATION

All questions must be answered. Incomplete answers will cause your application to be delayed.

Name		Bus#			Res#	
Mailing Addres	s			Cell#	<u> </u>	
Addres	s					
City		State	Zip	EMail		
Current Insurai	nce With					
ANCE COV	ZERAGE REQUESTED (coverage	e is effective when a	ccepted by the Ins	urance Company)		
Coverage for o	ne year from	20	, to		20	
(A) i.	Liability, each occurrence limit	□ \$1,000,000	□ \$1,500,000	□ \$2,000,000		
ii.	Passenger Liability, each passenger	□ \$100,000	□ \$150,000	□ \$200,000	□ \$250,000	
	What is the maximum number of balloons in flight? What is the maximum number of individuals (pilot and all passengers) on all balloons in flight?					
(B) i.	\$5,000 Medical Payments Coverage Optional Medical Payme			tional cost.		
(C) i.	Voluntary Settlement Coverage		\$10,000	□ \$15,000 □ \$50,000		
ii.	Coverage is for:	☐ Pilot(s) Only ☐ Scheduled Passengers including Pilot(s)				
(D) i.	Family Assistance Coverage	□ \$25,000				
	\$2,500 Accessories Coverage with a \$500 deductible for all balloon accessories on all balloons is included when Physical Damage Coverage is purchased. Optional Accessories Coverage Limits/Deductibles are:					
		□ \$5,000/\$50	\$7,500/\$50	0 🗆 \$10,000/\$50	00	
Jse included fo	orms for pilots, crew members and	balloons.				
	ruth of the above statements, and topplicant		rmation has been Date			
itle (if Corp o	r LLC)					