



NON-OWNED BALLOON APPLICATION FOR EVENT ORGANIZERS, SPONSORS AND BALLOONMEISTERS	
1. Insured Name and Address: _____ _____ _____	Phone: _____ Fax: _____ E-Mail: _____
2. Event Name and Address: _____ _____ _____ Contact Person _____	Event Dates: _____ Website: _____
3. Number of Hot Air Balloons expected? _____ Any balloons carrying more than five passengers? No ___ If yes, how many passengers and balloons? _____	
4. What insurance requirements are made of Balloon participants? \$ _____	
5. How many AM flights (# of days and #of balloons) are scheduled? _____ 6. How many PM flights (# of days and #of balloons) are scheduled? _____ 7. How many glows are scheduled? _____ 8. How many tethered flights are scheduled? _____ 9. Name of Balloonmeister: _____ Will Balloonmeister make <input type="checkbox"/> fly/no fly decision or will it be <input type="checkbox"/> pilot's discretion. Check one.	
10. Are Balloon rides sold? <input type="checkbox"/> Yes <input type="checkbox"/> No. By whom? _____ Price per passenger? _____ Estimate # to be sold _____ Estimate # of free rides to passengers _____ Are passenger waivers of liability obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, please attach sample.	
11. Please list all prior balloon accidents/losses. _____ _____	
12. Provide Insurance Co. Name and Limits of General Liability Coverage _____	
12. Please provide separately the following: brochure describing the event and/or the website address; List of pilots to be insured, balloon make, model and "N" number, passenger capacity, insurance carrier, limits and dates of policy.	
<p>All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.</p> <p style="text-align: center;">FRAUD WARNING</p> <p style="text-align: center;">(All States except: AR; CO; DC; FL; HI; KY; ME; MD; NJ; NY; OH; OK; OR; PA; VT)</p> <p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.</p>	

Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

Oklahoma – Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Pennsylvania – Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

Date_ _____

Applicant's Signature_ _____

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.