



BALLOON CLUB LIABILITY APPLICATION

Name and Address of Club:		
Type: Non Profit, Profit, Corp. Informal? Year Founded: Website: www:		
Proposed Effective Date:		
Do you have insurance now? Yes No Limits? Carrier? Premium?		
Contact Person: Name, Phone, E-mail		
Do you have a Physical Location? If yes, please list:		
Total Number of Members: Active Members:		
Frequency of Member Meetings?	Location:	Average Attendance?
Number of Informal Balloon Meets/Rallies?	Number of Formal Balloon Meets/Rallies?	Number of Competition Events?
Number of Participants?	Number of Participants?	Number of Participants?
Safety Seminars? Include Location and Number of Attendees.		
Other Activities. Describe:		
Publications/Newsletters? Frequency and Distribution.		
Sell Anything? Tees, hats, etc. Describe.		
Does Club Own a Balloon? If Yes, Insurance Carrier, Limits.		
Any Additional Insured or Certificate Requirements?		
Any Employees? Describe.		
Signature:	Date:	
Title:		