



TITAN
AEROSPACE
INSURANCE

Airmeet Liability Application

Airmeet/Balloon Event

Fly-In

Airshow

Static Display

Name Insured (exact name of organization to be insured (principal sponsor)):
Mailing Address:
Name of Event:
Name and location of airport and/or facilities being used:

Dates of Event: From	To	Any night shows?	Yes	No
Alternate/Rain Dates:				
Additional Dates for which coverage is required when there will be no public attendance (practice days, set-up, teardown, arrivals, departures, media days):				
Additional Insureds: List those persons or organizations, which have requested to be named on your policy. You must indicate their relationship to the event				
Name:		Relationship:		
Name:		Relationship:		
Name:		Relationship:		
Name:		Relationship:		
Estimated total attendants for ALL dates listed:				
Total Attendants for last year's event(s):				
Will horses be in crowd control?	Yes	No	Provide Number:	

Medical Payments Coverage			
\$2,500 per person/\$10,000 per accident	Yes	No	
\$5,000 per person/\$30,000 per accident	Yes	No	
Personal/Advertising Injury?	Yes	No	
List all performers (civilian and military participating in your event)			
Name:		Name:	
Name:		Name:	
Name:		Name:	
Have you obtained a certificate of insurance from each participating performer?		Yes	No
Are you named as an Additional Insured on their coverage?		Yes	No
Will you have any jet powered vehicles, monster trucks, or other vehicle acts?		Yes	No

Have you obtained a Certificate of Insurance from each performer?		Yes	No
Are you named as an additional insured on their coverage?		Yes	No
Will there be any balloons at your event?	Yes No	If yes, how many?	
Will you have any grandstands or bleachers?	Yes No	If yes, how many?	
List dimensions and seating capacity:	Collapsible?	Yes	No
Have you obtained a certificate of insurance from your bleacher contractor?		Yes	No
Are you named as an additional insured on their coverage?		Yes	No
Will you sell food, beverages, or souvenirs at your event?		Yes	No
Products are sold: Directly by Local Civic Groups by Independent Contractors			
If sold by Local Civic Groups or Independent Contractors, have you obtained a certificate of insurance for each group/contractor?		Yes	No
Are you named as an additional insured on their coverage?		Yes	No
Will alcoholic beverages be SOLD at your event?		Yes	No
If yes, in what name is the liquor license held?			
Do you want Host Liquor Liability coverage on this policy?		Yes	No
Do you want Liquor Legal Liability coverage on this policy?		Yes	No
If Liquor is not sold by you, have you obtained a Certificate of Insurance?		Yes	No
Are you named as an Additional Insured on their coverage?		Yes	No
Will there be air races?		Yes	No
If yes, please describe:			
Will any fireworks or explosives be used?		Yes	No
If yes, please describe:			
Name and License Number of pyrotechnic contractor to be used:			
Have you obtained a Certificate of Insurance from your Pyrotechnic Contractor?		Yes	No
Are you named as an Additional Insured on their coverage?		Yes	No
Do you want Explosives Liability coverage on this policy?		Real	Simulated
Will there be any Non-Owned Vehicles used strictly ON AIRMEET PREMISES (i.e. crowd control/security)?		Yes	No
If yes, please describe your non-ownership vehicle exposure:			
Type	How Many	Use	
Private Passenger Vehicles, Tricks or Vans			
Buses, Other (describe)			
Do you want Limited Vehicle Non-Ownership Liability for these vehicles?		Yes	No
Do you need coverage for your Courtesy/Rental vehicles? (Automobiles taken off airport premises) Use separate application.		Yes	No

Do you need coverage for Rented or Leased Property/Equipment? Use Separate application.	Real	Simulated
Do you need coverage for physical damage to Non-Owned Aircraft while in your care, custody or control?	Yes	No
How many years have you held this event?		
Have there been any accidents at your previous events? Please describe on a separate sheet.	Yes	No
Will there be any Non-Aviation Activities? Please describe on a separate sheet.	Yes	No

Coverages and Limits of Liability	
<i>The following coverages and maximum limits of liability are available. Please indicate what coverages and limits are desired.</i>	
Premises (max limit \$25,000,000CSL)	Limit desired:
Products Liability	Limit desired:
Pyro. liability (max limit \$1,000,000CSL)	Limit desired:
Non-owned & Hired Auto liability on airmeet premises only	Limit desired:
Legal Liquor Liability (max limit \$5,000,000)	Limit desired:
Personal/Advertising Injury (max limit \$1,000,000)	Limit desired:

Sign and Date (except New York residents)	
I confirm that all the information given in this application is true and complete to the best of my knowledge and that no information has been withheld or suppressed. I agree that this application and the terms of any conditions of the policy in use by the Insurer shall be the basis of any contract between the Insurer and me.	
Signature of person completing report	
Title	Date of Report

New York State Insurance Department – Regulation 95	
<i>New York Applicants</i>	
Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.	
Signature of person completing report	
Title	Date of Report

Name of contact person		
Phone:		Email
Mailing address for policy		
Name:	Address:	
<i>The following must be completed by Agent or Broker before Policy can be issued</i>		
Name/Address of Agent or Broker:		
Are you licensed in the state where the insured is located as	Surplus Lines Broker	Agent
Is an agent of Westchester Fire Insurance Co. in the state where the insured is located?	Yes	No

Signature

Date