

# NASON ASSOCIATES

13851 W. 63rd St., #396, Shawnee, KS 66216 913-677-1550

## Questionnaire for AIRMEET LIABILITY COVERAGE

1. Date(s) of your event: \_\_\_\_\_ Alternate/rain date(s)? \_\_\_\_\_
2. Dates for arrivals/departures/media, set-up/tear down: \_\_\_\_\_ Night Shows \_\_\_\_\_
3. What is the Name of the Event: \_\_\_\_\_
4. Name of organization to be Insured (Principal Sponsor): \_\_\_\_\_
5. Location (airport and/or Facilities) where the event will take place: \_\_\_\_\_
6. Additional Insured's: 

	<u>Name of person/organization</u>	<u>Describe relationship to the event</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
7. Estimated Attendance for EACH date listed in Question 1: \_\_\_\_\_
8. Liability Limited requested:  \$1,000,000  \$5,000,000  Other \$ \_\_\_\_\_
9. Who will be performing in your event? \_\_\_\_\_  
*(It is important that you obtain a Certificate of insurance from each participating performer.)*
10. Will you have any Jet Powered Vehicles, Monster Trucks or other vehicle acts?  Yes  No  
(You **MUST** provide a Certificate of Insurance from each of these performers.)
11. Will there be Remote Controlled Aircraft at the event?  Yes  No If yes, describe \_\_\_\_\_
12. Will there be balloons at your event?  Yes  No How many? \_\_\_\_\_
13. Will you have Grandstands or Bleachers?  Yes  No How many? \_\_\_\_\_  
List dimensions and seating capacity: \_\_\_\_\_  
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
14. Describe planned crowd control: \_\_\_\_\_
15. Will you sell Food, Beverages or souvenirs at your event?  Yes  No  
Are the products sold:  Directly  By Local Civic Groups  By Independent Contractors  
Do you want Products Liability coverage added to your policy?  Yes  No
16. Will alcoholic beverages be SOLD at the event?  Yes  No  
In what name is the Liquor License held? \_\_\_\_\_  
Do you want Liquor Legal Liability Coverage on this policy?  Yes  No

17. Will there be Air Races?  Real or  Simulated Describe: \_\_\_\_\_  
 ... \_\_\_\_\_
18. 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 effect coverage, you **MUST** provide a Certificate of Insurance from the Pyrotechnic Contractor*  
 ... *naming the event as an Additional Insured.*
19. 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.*
20. Will there be any Non-Owned Vehicles used strictly on Airmeet premises, i.e. crowd control/security?  
 Please describe your Non-Owned Vehicle exposure:
- | <u>TYPE</u>                                | <u>HOW MANY</u> | <u>USE</u> |
|--|-----------------|------------|
| 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
21. Do you need coverage for your Courtesy/Rental Vehicles used on and off airmeet premises?  Yes  No  
 If yes, complete separate application.
22. Do you need coverage for your Rented or Leased Property/Equipment?  Yes  No  
 If yes, complete separate application.
23. Do you need coverage on Non-Owned aircraft while in your care, custody or control?  Yes  No  
 Maximum Value any one aircraft: \$ \_\_\_\_\_ Total value of ALL aircraft: \$ \_\_\_\_\_
24. 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.
25. Will there be any Non-Aviation activities?  Yes  No If yes, describe on separate sheet.
26. Are you a member of the International Council of Air Shows?  Yes  No
27. Has anyone within your organization attended these seminars within the past two years?  
 ICAS Air & Ground Operations  Yes  No ICAS Event Controller  Yes  No
28. Name of person to contact about this policy: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_
29. 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: \_\_\_\_\_