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 www.kandkinsurance.com
 CA# 0334819

AIR SHOW APPLICATION

IMPORTANT

THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.

APPLICANT INFORMATION

Named Insured as it is to appear on policy: _____
 Doing Business As: _____
 Insured is: Corporation Partnership Joint Venture Other: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 E-mail Address: _____ Web Site: _____
 FEIN #: _____

AGENT / BROKER INFORMATION (if applicable)

Name of Agent/Brokerage: _____
 Contact Person: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: (____) _____ Fax Number: (____) _____
 Tax ID Number: _____ E-mail Address: _____

UNDERWRITING INFORMATION

1. Name of Event: _____
2. Description of event/operations/business: _____

3. Policy Period Requested: _____ to _____
4. Date(s) of Event: _____
5. Location of Event Site (Name of Facility): _____
 Address: _____
 City: _____ State: _____ Zip: _____
6. What is your past experience producing this type of event? _____

7. Gross Receipts last year (all sources): \$ _____
 This year's budget: \$ _____
8. Estimated total attendance this year: _____
 Estimated maximum daily attendance: _____
 Total attendance last year: _____

9. List any entities requiring Additional Insured status on your policy

Name of Entity Business Relationship to You Certificate Required

- a. _____ Yes No
b. _____ Yes No
c. _____ Yes No

10. Who provides security for this event? : City County State Employees Private Agency

- a. Does the private agency provide a Certificate of Insurance naming you as additional insured? Yes No N/A
b. If security personnel are the event employees, are they armed? Yes No N/A
If yes, please attach training procedures to this application.
c. Average number of security officers per event day: _____
d. Average number of security officers after hours: _____

11. Minimum number and type of medical personnel:

Paramedic _____ EMT/EMS _____ Nurse _____ Other _____

- a. Distance to nearest hospital: _____ Response time in minutes: _____
b. Is there an ambulance on site? Yes No
c. Describe any other medical facilities on site: _____

12. Do you have written emergency procedures addressing the following?: Yes No

Severe weather Bomb threat Catastrophic occurrences (e.g. bleacher collapse)

13. Type of seating during event: Assigned Festival None

14. Grandstands: _____ Yes No Year Built: _____

Construction: Wood Concrete Metal Grandstand Height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

15. Number of Fixed Bleachers: _____ Construction: Wood Concrete Metal Bleacher Height: _____ (ft)

Number of Portable Bleachers: _____ Construction: Wood Metal Bleacher Height: _____ (ft)

Guardrails: Sides Back Kick boards in place? Yes No

Age of oldest bleacher unit: _____

16. Do you have a documented inspection/maintenance program for grandstands and/or bleachers? Yes No

If yes, date of last inspection: _____

17. Do you obtain certificates of insurance from all third-party vendors, exhibitors and/or service providers naming you as an additional insured? Yes No

What limit of liability is required for these entities to be considered acceptable? \$ _____

18. Do you obtain certificates of insurance from all performers naming you as an additional insured? Yes No

What limit of liability do you require performers to have? \$ _____

19. Provide details on any non-aerial attractions: _____

20. If public transportation is contracted to a third party? Yes No

21. Will there be ANY aircraft or Balloon rides before, during or after your event? Yes No

Note: Air Show Liability policy excludes coverage for participants or passengers in aircraft or balloons.

22. Are you a member of the International Council of Air Shows? Yes No

23. Has anyone within your organization attended these seminars, within the past two years:

ICAS Air & Ground Operations Yes No ICAS Event Controller Yes No

24. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:

- | | |
|---|--|
| <input type="checkbox"/> A.* Public Transportation | <input type="checkbox"/> E.* Property; Auto Liability (including Nonowned/
Hired); Inland Marine; Crime; Excess |
| <input type="checkbox"/> B.* Liquor Liability | |
| <input type="checkbox"/> C.* Fireworks/Pyrotechnics Liability | <input type="checkbox"/> F.** Contingent Ride Liability |
| <input type="checkbox"/> D.** Excess Fireworks/Pyrotechnics Liability | <input type="checkbox"/> G. Volunteer Workers Medical |
- Number of volunteers: _____

**Requires separate application and/or
** requires a Certificate of Insurance evidencing underlying coverage.*

SUMMARY OF REQUESTED ITEMS

25. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Copy of Completed Application for Certificate of Waiver or Authorization, FAA Form 7711-2, along with any attachments submitted to the FAA.
- Copy of Certificate of Waiver or Authorization issued from the FAA, form 7711-1.
- Five (5) year detailed loss history from previous carrier(s).

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date

Date