

NASON ASSOCIATES, INC.

6811 Shawnee Mission Parkway, #312, Overland Park, KS 66202
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: _____