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## AIRSHOW ORGANISERS AIRMEET LIABILITY PROPOSAL

This Proposal is to be completed by a Director, Partner, Principal or Authorised Officer of the proposer. The information provided to the Company in this Proposal will be the basis of any contract of insurance entered into. Attention is drawn to the Proposer's obligations at law to disclose all material facts that would affect the issuance of the proposed insurance.

If there is insufficient space to complete the proposal, please attach additional sheets.

Broker

**Period of  
Insurance:**

From:

To:

### PROPOSERS DETAILS:

Name of Proposer (in full):

Address:

Telephone No.

Facsimile.

E-mail

### EVENT DETAILS:

1 Name and Location of Airport:

2. Name of your Event:

3. Dates of your Event (separately, please show the dates for practice dates, set up, tear down, arrival/departure days):

(a) Event dates:

(b) Before and After dates:

(c) Alternate / Rain Date(s):

(d) Estimated No. of Spectators:

(e) Any night shows? YES  NO

If YES, please provide details:

4. Will there be Air Races? YES  NO

If YES, will they be actual competition or simulated?

If actual competition, please describe separately.

5. (a) Will there be ANY airplane or balloon rides given to the spectators or general public during the time of your Event? YES  NO

If YES, please provide details of the aircraft/balloons, the operators or pilots involved.:

(b) Will you be included on the operators policies as additional insured, with at least a limit of \$1,000,000 any one occurrence? YES  NO

Please note that the Airmeet Liability policy will not cover your liability to either Participants or the Passengers in Participants aircraft or balloons. Separate Non-Owned Aircraft Liability insurance is needed.

6. Limit of indemnity required? \$

7. Additional Insureds: List those persons or organisations which have requested to be named on your policy. You MUST indicate their relationship to the Event.

(a)		Relationship	
(b)		Relationship	
(c)		Relationship	
(d)		Relationship	

8. Will the airport be closed to other traffic during the period of Event? YES  NO

9. Will a representative of the CAA be present to act in an official capacity? YES  NO

10. Event Participant Information

**Have you received a Certificate of Insurance which includes you as an additional insured with limits of liability at least BI/PD (excl. pax) \$1m any one occ**

Name of Performers or Teams	Description of Activities (Aerobatics, Racing Flybys, Sky diving etc.)	Type and No. of Aircraft, Balloon or Other Equipment

YES  NO

YES  NO

YES  NO

YES  NO

YES  NO

11. Will you have any Jet Cars, Jet Trucks, Jet Dragsters, or any other similar vehicle-type acts? If YES, please complete Question 8. YES  NO

12. Will there be any Balloons at your Event? YES  NO

If YES, how many and describe activities (include in Question 8.)

13. Describe planned crowd control:

14. Is Event car parking on or off the airfield premises? ON  OFF

15. Will you sell/dispense any products at your Event? YES  NO

If YES, please describe (food, beverage, souvenirs etc.):

16. (a) Will you sell any alcoholic drinks at your Event? YES  NO

(b) Whose name is on the Liquor Licence or permit?

(c) If the Food & Alcohol etc sales are by local civic groups or by independent contractors, please complete the following:

Names of suppliers or groups providing services, inc.	Type of services or products sold (food, beverages, souvenirs, etc.)	Type of Facilities (tent, trailer, booth, etc.)	Have you received a Certificate of Insurance which includes you as an additional insured with limits of at least \$1m BI/PD.	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

17. (a) Will any Fireworks or Explosives be used? YES  NO

If YES, name of Licensed Pyrotechnic Contractor to be used:

(b) Have you received a Certificate of Insurance from this contractor which includes you as an additional insured with Limit of Liability at least BI/PD (excl. pass.) \$1,000,000 any one occurrence? YES  NO

18. If you have held this Event previously, please advise the last five years info:

Date		No. of spectators		Insurer	
Date		No. of spectators		Insurer	
Date		No. of spectators		Insurer	
Date		No. of spectators		Insurer	
Date		No. of spectators		Insurer	

19. Have there been any accidents at these previous Events? **YES**  **NO**

Please describe on a separate sheet (showing dates, number of claimants and amounts paid).

**DECLARATION**

I/WE warrant that the aforementioned Aircraft is/are my/our Property and the statements and particulars given are true, and that no material information has been withheld or suppressed, and I/We agree to accept a Policy subject to the terms, exclusions and conditions therein.

Signed:		Name:	
Position:		Date:	

**Note: Completion of this proposal does not bind the Proposer or Aviation Co-operating Underwriters Pacific Ltd to complete this insurance.**