

AVRO Insurance Managers Ltd.  
#2 - 9124 Glover Road, Fort Langley, BC V1M 2R7  
Postal: Box 789, Fort Langley, BC V1M 2S2  
Phone: (604) 881-2232 Fax: (604) 608-3384 Attn: Brenda Rorvik

**Canadian Air Meet Liability Application**

**Airmeet / Balloon Event**       **Fly-In**       **Static Display**

**Please answer accurately and in as much detail as possible.**

1) Named Insured: (Exact name of organization to be insured (principal sponsor)): \_\_\_\_\_  
\_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

3) Name of Event: \_\_\_\_\_

4) Name and location of airport and/or facilities being used: \_\_\_\_\_  
\_\_\_\_\_

5) Date(s) of event: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Any night shows?       Yes     No

6) Alternate / Raindate(s): \_\_\_\_\_

7) Additional dates for which coverage is required when there will be no public attendance (i.e.: practice days, set-up, teardown, arrivals, departures, media days): \_\_\_\_\_  
\_\_\_\_\_

8) Additional Insureds: List those persons or organizations, 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 \_\_\_\_\_

9) A. Estimated Total Attendance for ALL dates listed in Question 5: \_\_\_\_\_

Total Attendance for Last Year's Event (s): \_\_\_\_\_

10)A. Describe planned crowd control: \_\_\_\_\_  
\_\_\_\_\_

B. Will horses be used in crowd control?       Yes     No

Provide Number \_\_\_\_\_

11) Medical payments coverage?

Limits available:      \$2,500 per person / \$10,000 per accident.       Yes     No

                                 \$5,000 per person / \$30,000 per accident.       Yes     No

12) Personal / Advertising Injury:       Yes     No

13) List all Performers (civilian and military participating in your event): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**It is important that you obtain Certificate of Insurance from each participating performer**

14) Will you have any Jet Powered Vehicles, Monster Trucks, 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

15) Will there be any Balloons at your event? [ ] Yes [ ] No How many? \_\_\_\_\_

16) Will you have any Grandstands or Bleachers? [ ] Yes [ ] No 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

17) Will you sell Food, Beverages or Souvenirs at your event? [ ] Yes [ ] No

Are products 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

18) Will alcoholic beverages be SOLD at your event? [ ] Yes [ ] No

In what name is the Liquor Licence 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

19) Will there be Air Races? [ ] Real [ ] Simulated

Please describe: \_\_\_\_\_

20) Will any Fireworks or Explosives be used? [ ] Yes [ ] No

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? [ ]Yes [ ]No

21) Will there be any Non-Owned Vehicles used strictly ON AIRMEET PREMISES  
(i.e. crowd control/security)?

Please describe your Non-Ownership Vehicle exposure:

TYPE	HOW MANY	USE
Private Passenger Vehicles, Trucks or Vans	_____	_____
Buses, Other (Describe)	_____	_____
	_____	_____

22) Do you want Limited Vehicle Non-Ownership Liability for these vehicles? [ ]Yes [ ]No

23) Do you need coverage for Rented or Leased Property / Equipment? [ ]Yes [ ]No

**Use separate application.**

24) Do you need coverage physical damage to Non-Owned Aircraft while in your care, custody or control? [ ]Yes [ ]No

25) How many years have you held this event? \_\_\_\_\_

26) Have there been any accidents at your previous events? [ ]Yes [ ]No

**Please describe on a separate sheet.**

27) Will there be any Non-Aviation Activities? [ ]Yes [ ]No

**Please describe on a separate sheet.**

**Coverages and Limits of Liability**

(ALL LIMITS ARE IN CANADIAN DOLLARS)

The following coverages and maximum limits of liability are available.

Please indicate what coverages and limits are desired.

[ ] Premises (max limit \$25,000,000CSL) Limit desired: \_\_\_\_\_

[ ] Products Liability Limit desired \_\_\_\_\_

[ ] Pyrotechnics 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 here.

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.

Applicant's Signature: \_\_\_\_\_

Title \_\_\_\_\_ Dated: \_\_\_\_\_

Please forward all Certificates of Insurance for performers, bleachers, food, alcoholic beverages, and pyrotechnic contractors to: AVRO Insurance Managers Ltd.

Name of contact person:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address for policy:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

The following must be completed by Agent or Broker before Policy can be issued:

Name / Address of Agent or Broker: \_\_\_\_\_

\_\_\_\_\_

Are you licensed in the state where the insured is located as: \_\_\_\_\_ Surplus Lines Broker

\_\_\_\_\_ Agent