



Section 5.6

**INSURANCE APPLICATION FOR ALL CHAPTER/SQUADRON ACTIVITIES
INCLUDING FLY-INS, AND AIRSHOWS
EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.**

1. A. Name of Event: _____

B. EAA Chapter/Squadron requesting coverage (Insured):

Division: EAA UL Vintage Warbird IAC Chapter# _____

Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Email _____ Fax _____

- C. Which best describes your Chapter's/Squadron's role in this event:
- _____ Sole Organization: Chapter/Squadron is the only organization involved in the planning and conduct of the event.
 - _____ Co-Sponsor: Chapter/Squadron is one of the organizations planning and conducting the event.
 - _____ Participant: Chapter/Squadron will provide an activity (i.e. breakfast, lunch, Young Eagles, Chapter/Squadron display) at the event that the Chapter/Squadron is not the sole organizer or co-sponsor.
 - _____ Other: Please describe in detail, including careful clarification of Chapter or Squadron's role in planning, meetings, revenue, and promotion. **Your insurance cannot be arranged without this information.**

D. Are you the primary sponsor? _____ Yes _____ No
If not, who is the primary sponsor?

Is the primary sponsor incorporated? _____ Yes _____ No

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E. Name any other co-sponsor, person or organization requesting additional insured status under this insurance. (Use reverse side if more than two)

Name _____ Name _____

Address _____ Address _____

Relationship* _____ Relationship* _____

*(Relationship to 1B above)

2. How many volunteers will participate/support this event? _____

List all individuals participating in this event that will be compensated, or reimbursed for their expenses – provide details on compensation or reimbursements:

3. List all contracts/leases/agreements that you have or will sign for this event – forward copies of each with this application:

4. A. Dates of event for which insurance is requested:

Event Dates: from _____ to _____

Rain Dates (if applicable): from _____ to _____

B. Number of set-up days: _____ Number of tear-down days: _____

C. Admission: Adult EAA Member \$ _____ (daily) \$ _____ (event)

Adult Non-Member \$ _____ (daily) \$ _____ (event)

Children \$ _____ (daily) \$ _____ (event)

Auto Parking Fee: \$ _____ Camping Fee: \$ _____

D. Number of Vendors/Exhibitors participating in your event: _____

Fee per Vendor/Exhibitor: \$ _____

5. Location of event (the premises to be insured):

6. Estimate of Attendance: EAA Members _____ General Public _____

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THE FOLLOWING ACTIVITIES ARE NOT COVERED BY THIS INSURANCE AND ARE NOT PERMITTED AT ANY EAA FLY-IN EVENT.

- Racing of any kind
- Flour Bombing
- Balloon Breaking
- Ribbon Cutting
- Night AirShows
- Sale of Alcoholic Beverages
- Simulated Aerial Combat
- Wing Walking
- Endurance Flights Involving Fuel Exhaustion
- Pyrotechnics/Fireworks

7. (A) Please indicate which activities will be included in the event and who is responsible for each. Chapter/Squadron=C/S Co-Sponsor=CO

- | | |
|---|--|
| <input type="checkbox"/> Pancake Breakfast | <input type="checkbox"/> Aerobatic Demonstrations by Non-Paid Performers* |
| <input type="checkbox"/> Young Eagle Rides | <input type="checkbox"/> Food Vendors |
| <input type="checkbox"/> Cook-Out | <input type="checkbox"/> Aerobatic Demonstrations by Paid Performers* |
| <input type="checkbox"/> Hot Air Balloons | <input type="checkbox"/> Aviation Exhibitors |
| <input type="checkbox"/> Parachute Jumpers* | <input type="checkbox"/> Formation Flights* |
| <input type="checkbox"/> Awards Banquet | <input type="checkbox"/> Ride Hopping/Site-Seeing-Rides – for a fee (balloons, aircraft, helicopters)* |
| <input type="checkbox"/> Radio Controlled Aircraft Demonstrations | <input type="checkbox"/> Aircraft Manufacturer Demonstration Rides* |
| <input type="checkbox"/> Fly-Market/Parts Mart | <input type="checkbox"/> Car, Motorcycle, Farm Equipment Display |
| <input type="checkbox"/> Spot Landing Contest | <input type="checkbox"/> Ultralight Pilot Proficiency Events |
| <input type="checkbox"/> Warbirds Demonstrations* | <input type="checkbox"/> Car, Motorcycle, Farm Equipment Demonstration, contest or racing |
| <input type="checkbox"/> Awards Banquet | |
| <input type="checkbox"/> Non-Aviation Exhibitors | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Fly-Bys(showcase-parade of flight) | <input type="checkbox"/> Aircraft Static Displays |

***NOTE: Attach Certificates of Insurance for Each Participant.**

NOTE: Required support documentation must accompany application form.

(B) Are any other events planned, aviation or non-aviation, which have not been listed? If so, please describe:

8. List all items or products you or any additional insured will sell at this event (as listed in item #1E of this application):

Describe _____

9. List all vehicles (indicating number of each) and how they will be used during the event:

_____ Automobile (cars and trucks), use _____

_____ Buses, use _____

_____ Golf carts, gators, etc, use _____

_____ Tractors and wagons, use _____

_____ All terrain vehicles, use _____

_____ Motorcycles, scooters, use _____

_____ Other, use _____

PROVIDE A CERTIFICATE OF INSURANCE ON EACH VEHICLE

10. Who is responsible for fire/rescue/police/security services?

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11. List all "event sponsors" and their level of sponsorship. NOTE: For this question "event sponsor" means any business or organization that is providing services, products, or cash in exchange for promotional recognition or acknowledgement, i.e. car dealer providing vehicles, grocery store providing food, etc.

IS A PRINTED COPY OF THE CERTIFICATE OF INSURANCE NEEDED? No Yes

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. Incomplete or inaccurate information may impair insurance coverage. This application does not commit the insurers or EAA to any liability nor make the applicant liable for any premium unless and until the company agrees to effect this insurance.

Date

Authorized Representative of Chapter or Squadron



EAA Risk Management
P.O. Box 3086
Oshkosh, WI 54903-3086

Fax to: (920) 426-6560

The space below may be used should you wish to include any additional information.