



CHAPTER/SQUADRON EVENT FORM

THE FOLLOWING APPLICATION MUST BE COMPLETED AND RETURNED FOR ALL CHAPTER/SQUADRON ACTIVITIES, INCLUDING FLY-INS AND AIRSHOWS

1. As you complete this application, indicate N/A (Not Applicable) to any items that do not apply to your event. In the event you have any questions relative to this insurance form or the coverage provided, please contact EAA Risk Management at 920/426-6106 or email jrosenow@eaa.org. Thank you.
2. Send completed application to: EAA Risk Management
Attention: Insurance Administrator
P.O. Box 3086
Oshkosh, WI 54903-3086

Fax to: **(920) 426-6865**
3. If requested, a certificate of insurance will be sent to you for your Class 1 event. If a certificate of insurance is not necessary, an email confirmation will be sent should an email address be provided.

PLEASE NOTE: All applications must be received by EAA's Risk Management Department 30 days in advance of the event.



INSURANCE APPLICATION FOR ALL CHAPTER/SQUADRON ACTIVITIES
EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

1. A. Name of Event: _____

B. EAA Chapter/Squadron requesting coverage (Please circle a division and provide your Chapter number):

EAA UL Vintage Warbird IAC Chapter# _____

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 an event that the Chapter/Squadron is not the sole organizer or co-sponsor of.

____ Other: Please describe in detail, including careful clarification of Chapter or Squadron's role in planning, meetings, revenue, and promotion. Provide any pertinent additional information

here: _____

(Please note: The Chapter/Squadron may not have any operational role (planning, organizing, promotion, execution) in an airshow related event.)

D. Are you the primary sponsor? _____ Yes _____ No

If not, who is the primary sponsor? What will they provide at the event (role/activities)?

Is the primary sponsor incorporated? _____ Yes _____ No

(In accordance with the Chapter/Squadron Charter Renewal Agreement, it is mandatory for all EAA Chapters to be incorporated and remain current with their respective Secretary of State's Office.)

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

Name _____ Name _____

Address _____ Address _____

City, ST Zip _____ City, ST Zip _____

Role* _____ Role* _____

*(Role in the event (ex. owner of airport, FBO providing use of hangar space, etc.))

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, and please provide details on compensation and/or reimbursements:

3. List all contracts/leases/agreements that the Chapter has or will sign for this event. Please forward copies of each with this application.

4. List all items or products the Chapter or any additional insured will sell at this event (as listed in item #1E of this application). _____

5. 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: \$ _____

6. Location of event:

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

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

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Racing of any kind • Flour Bombing • Balloon Breaking • Ribbon Cutting • Night AirShows • Sale of Alcoholic Beverages • Parachute Jumpers | <ul style="list-style-type: none"> • Simulated Aerial Combat • Wing Walking • Endurance Flights Involving Fuel Exhaustion • Pyrotechnics/Fireworks • Aerobatics – Paid or unpaid (anything with respect to waived airspace) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

8. A. Please check (✓) which activities will be included in the event. Indicate with a CO, S or C/S who is responsible for each.

****C/S=Chapter/Squadron**

****CO=Co-Sponsor**

****S=Sponsor**

- | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Pancake Breakfast | <input type="checkbox"/> Food Vendors |
| <input type="checkbox"/> Young Eagle Rides | <input type="checkbox"/> Aircraft Static Displays |
| <input type="checkbox"/> Cook-out | <input type="checkbox"/> Aviation Exhibitors |
| <input type="checkbox"/> Hot Air Balloons* | <input type="checkbox"/> Formation Flights* |
| <input type="checkbox"/> Awards Banquet | <input type="checkbox"/> Ride/Hopping/Site Seeing Rides – commercial 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"/> Warbird Fly-bys | <input type="checkbox"/> Car, Motorcycle Farm Equipment Demonstration, contest or racing* |
| <input type="checkbox"/> Poker Run | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Non-Aviation Exhibitors | <input type="checkbox"/> Orientation Rides for Adults – given by Chapter members for a fee/donation see FAR 91.146 Air Tour Rule |
| <input type="checkbox"/> Fly-Bys (showcase-parade of flight) | |
| <input type="checkbox"/> Orientation Rides for Adults – given by Chapter members without acceptance of a fee or donation | |

***NOTE: Attach Certificates of Insurance for Each Participant marked with an *, including the Chapter as an additional insured and indicate on certificate which activity they are providing (Required support documentation should accompany application form).**

9. Please provide detailed description of the Chapter’s event. Please use another sheet if necessary. If any other events other than those listed above (aviation or non-aviation) are planned, please list and include in your description of the event.

10. 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 _____

Please provide a certificate of insurance on each vehicle.

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

12. List all “event sponsors” and their level of sponsorship. Please 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. Please attach an additional sheet if necessary.

IS A HARD COPY OF THE CERTIFICATE OF INSURANCE NEEDED? **No** **Yes**

If yes, VIA: Fax Mail Email

If no, would you like an email confirming coverage for your event? **No** **Yes**

The undersigned declares that to the best of his/her knowledge and belief that the statements set forth herein are true. Please be advised, incomplete or inaccurate information may impair insurance coverage. This application does not commit the insurers or EAA to any liability until the company agrees to effect this insurance.

Date

Authorized Representative of Chapter or Squadron

In the event you have any questions relative to this insurance or we can provide any additional assistance, please contact EAA Risk Management at 920/426-6106 or email tthomas@eaa.org.



EAA Risk Management
P.O. Box 3086
Oshkosh, WI 54903-3086
Fax: (920) 426-6865

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