



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

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?

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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.

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**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](mailto: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.**