



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

### HOT AIR BALLOON DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

#### General Information

1. Applicant (as it would appear on the coverage contract): \_\_\_\_\_
2. Doing Business As: \_\_\_\_\_
3. Does the organization engage in any other business operations under this name?  Yes  No
4. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
6. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
7. Web Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
8. Is this a new business?  Yes  No  
If no, how many years have you been in business? \_\_\_\_\_
9. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
10. Length of season: \_\_\_\_\_

#### Insurance History

11. Who was your last or is your current insurance carrier? \_\_\_\_\_
12. What is or was your annual premium? \_\_\_\_\_
13. Describe your claims and loss history: \_\_\_\_\_

Has the Applicant, or any Pilot to be insured, been cited by the FAA in the past five years?  Yes  No  
If yes, please explain: \_\_\_\_\_

#### A. Desired Insurance

##### Hull Coverage:

Basket Hull Value \$ \_\_\_\_\_ How determined? \_\_\_\_\_

Envelope Hull Value \$ \_\_\_\_\_ How determined? \_\_\_\_\_

Amount of encumbrance: \_\_\_\_\_  Full Coverage  Loan Amount

Lienholder: \_\_\_\_\_

Lienholder Address: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

Will any Lienholder require breach of warranty coverage?  Yes  No

**Limit of Liability:**

Per Act/Aggregate

OR

Per Person/Per Act/Aggregate

<input type="radio"/>	\$100,000/\$300,000	<input type="radio"/>	\$50,000/\$100,000/\$300,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$100,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$500,000	<input type="radio"/>	\$150,000/\$250,000/\$500,000
<input type="radio"/>	\$100,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$100,000/\$1,000,000/\$1,000,000
<input type="radio"/>	\$1,000,000/\$2,000,000	<input type="radio"/>	\$500,000/\$1,000,000/\$2,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**B. Business Activities**

- Number of balloons to be insured: \_\_\_\_\_
- Number of passengers allowed in balloon at the same time: \_\_\_\_\_
- What, if any, are the minimum and maximum age, weight, or height requirements for participants?

	MINIMUM	MAXIMUM
Age		
Height (in feet, inches)		
Weight (in pounds)		

- Maximum number of balloons allowed in air at the same time: \_\_\_\_\_
- Approximately how many people participate annually? \_\_\_\_\_
- Number of pilots: \_\_\_\_\_
- Pilot Information:

Name	License No.	Age	Type of License: Priv, Comm, or Student	# of Years Exper.	Hours Last 12 Months	List Safety Seminar Last 12 months	Hours in this size balloon

- Is Applicant a member of any professional organizations?  Yes  No  
If yes, please identify them: \_\_\_\_\_
- How often is balloon checked and inspected? \_\_\_\_\_
- Do you keep maintenance records?  Yes  No  
If yes, please describe: \_\_\_\_\_
- Who completes required maintenance and repair work?  
Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_  
Fax: \_\_\_\_\_ Date of last service: \_\_\_\_\_  
Service Description: \_\_\_\_\_
- Do you have an accident/emergency plan?  Yes  No
- Do you use liability waivers?  Yes  No  
If yes, please attach a copy.
- Do you have an operating plan or procedures manual?  Yes  No  
If yes, please attach a copy.

**C. Activity Breakdown**

15. How many days do you fly per week? \_\_\_\_\_ How many rides per day? \_\_\_\_\_

**Balloon Information**

	Balloon #1	Balloon #2	Balloon #3	Balloon #4	Balloon #5
Year Built					
Make					
Model					
"N" Number					
Gondola Serial No.					
Date Purchased					
New or Used?					
Envelope Value *Only if coverage desired	\$	\$	\$	\$	\$
Gondola Value *if desired (includes burners, frames, and tanks)	\$	\$	\$	\$	\$
Cubic Feet					
Kevlar Cables?					
Date of Last Inspection					
Inspector's Name					
# of passengers excl. pilot					
Total Hours on Balloon					
# of Hours per year					
Custom Design?					
Custom Artwork?					
Airworthiness Cert. Current?					

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the International Special Events and Recreation Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

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

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



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### APPLICATION FOR MEMBERSHIP

The International Special Events and Recreation Association, Inc., has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$5.00. Annual membership dues are \$75.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_
4. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Type of business conducted: \_\_\_\_\_
6. How many years have you been in business? \_\_\_\_\_
7. States of Operation: \_\_\_\_\_
8. Please list below the name and address of any other association you are currently a member of:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name