



5001 American Blvd, West – Ste 770, Bloomington, MN 55437 • Phone 800-783-5963 • Fax 952-746-4858

### HOT AIR BALLOON INSURANCE APPLICATION

All questions must be answered. Incomplete answers will cause your application to be delayed.

#### APPLICANT (Balloon Owner)

Name \_\_\_\_\_ Res# \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Bus# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ EMail \_\_\_\_\_  
 Current Insurance With \_\_\_\_\_

#### INSURANCE COVERAGE REQUESTED (coverage is effective when accepted by the Insurance Company)

Coverage for one year from \_\_\_\_\_ 20\_\_\_\_, to \_\_\_\_\_ 20\_\_\_\_

- (A) i. **Liability**, each occurrence limit       \$1,000,000     \$1,500,000     \$2,000,000
- ii. **Passenger Liability**, each passenger     \$100,000     \$150,000     \$200,000     \$250,000
- iii. What is the maximum number of balloons in flight? \_\_\_\_\_
- iv. What is the maximum number of individuals (pilot and all passengers) on all balloons in flight? \_\_\_\_\_
- (B) i. \$5,000 **Medical Payments Coverage** each passenger is included at no additional cost.  
      Optional Medical Payments Coverage each passenger are  
     \$10,000     \$15,000     \$25,000
- (C) i. **Voluntary Settlement Coverage**       \$5,000       \$10,000     \$15,000  
     \$20,000     \$25,000     \$50,000
- ii. Coverage is for:                             Pilot(s) Only  
     \_\_\_\_\_ Scheduled Passengers including Pilot(s)
- (D) i. **Family Assistance Coverage**             \$25,000
- (E) i. \$2,500 **Accessories Coverage** with a \$500 deductible for all balloon accessories on all balloons is included when Physical Damage Coverage is purchased. Optional Accessories Coverage Limits/Deductibles are:  
     \$5,000/\$500     \$7,500/\$500     \$10,000/\$500

Use included forms for pilots, crew members and balloons.

I warrant the truth of the above statements, and that no material information has been withheld.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Title (if Corp or LLC) \_\_\_\_\_

The application, including all attachments, becomes part of your policy (if issued). Any material misstatement of facts will void your coverage. Applications must be signed, even for a quotation.