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BLIMP PHOTOGRAPHIC SYSTEM INSURANCE APPLICATION

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

APPLICANT (Blimb Owner)

Name _____ Res# _____
 Mailing Address _____ Bus# _____ Cell# _____
 Address _____
 City _____ State _____ Zip _____ EMail _____

BLIMP

Make & Model _____ Year Built _____ Hours _____
 Serial # _____ Envelope size (Cu. Ft.) _____ Date Purchased by you _____
 Cost _____ Current Value _____
 Total Hours On Blimp _____ Estimated hours blimp will be flown in the next 12 months? _____
 Describe custom artwork, envelope shape and / or banner _____

 Give details of any major repairs _____

 Is there any unrepaired damage to the blimp? YES NO Describe _____

 Any anticipated operation outside the U.S.A.? YES NO

Note – coverage does not automatically apply outside the U.S.A. Call with details if you plan foreign flights.

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

Coverage for one year from _____ 20____, to _____ 20____

- (A) i. \$1,000,000 Third party bodily injury or property damage liability
- ii. \$5,000.00 Medical Payments on operator

If there are additional blimps, use a separate sheet.

Additional Insured & Address: _____

If more than one blimp is insured, I want coverage to apply to _____ (Number) blimps-in-flight at a time.

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

Applicant Signature _____ **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.