

Demonstration and Jump Insurance Application and Notification Form

1. TERMS

For each exhibition, a completed Demonstration Jump Insurance Application, Notification Form and payment **must be received at least 7 days before the intended jump** (or series of jumps at the same location on consecutive days) is to begin. This form may be sent by mail or fax to **Insurance Technologies & Programs, P.O. Box 148, Wichita, KS 67201 Phone – 866-585-4590 Fax 316-491-2245 - For Overnight Payments: 127 E. 2nd St - Wichita, KS 67202**

A demonstration or exhibition jump is defined as a jump at a location other than an existing drop zone done for the purpose of reward, remuneration, or promotion and principally for the benefit of spectators. Competition events and for-profit events sponsored by drop zones do not qualify for demonstration insurance.

For coverage to be valid, each insured jumper **must** comply with Basic Safety Requirements and the recommendations stated in the Exhibition Jumping and Rating section in the Skydiver’s Information Manual (SIM) as well as those attached hereto.

USPA Demonstration Jump Insurance covers tandem demonstration jumps **only if both the parachutist in command and the passenger each have at least 200 jumps and hold a USPA C License, D License or PRO Rating**, in accordance with the recommendations in the SIM for the planned landing area. Tandem jumps into stadiums are prohibited by the USPA Basic Safety Requirements and are not covered under this insurance.

2. INSURED PARTICIPANTS (REQUIRED)

An Insured Participant is one who is directly involved in the conduct of the demonstrations, specifically defined as the following: the Certificate Holder (who **must** be named as a Participant), the qualified skydivers, the organizer, and the ground support crew. **The Certificate Holder must notify Insurance Technologies & Programs of any substitute participants before the jump takes place** via phone, fax or e-mail.

The aircraft, pilot, and aircraft owner are not covered under this insurance and may not be named as a Participant or an additional insured.

Attach an additional sheet, if necessary, with names of those to be listed as participants and additional insureds. (Please type or print neatly):

| Participant Name | USPA # and exp. | License # | PRO | Function on exhibition jump |
|------------------|-----------------|-----------|-------|-----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**** List all prior losses on a separate sheet of paper. Please include name of parachutist, date and details of incident.**

3. ADDITIONAL INSUREDS (OPTIONAL)

An Additional Insured is one who is directly involved in the conduct of the demonstration, specifically defined as the landlord, landowner, tenants, hosts, sponsors, organizers, or ground support crew. The aircraft, pilot, and aircraft owner are not covered under the insurance and may not be named as an Additional Insured. (Please type or print neatly):

| Additional Insured Name | Address | Relationship to exhibition Jump |
|-------------------------|---------|---------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Applicant Information

Name of Certificate Holder _____
Name of Demonstration Team: _____
USPA membership #: _____ Exp. _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Daytime phone: _____ Fax: _____
E-mail: _____

5. Jump Information

Date(s) of Jump: _____ Alternate date(s), if any: _____
Location of Jump: _____ State: _____
Any Tandem Jumps, explain: _____
Name of Event: _____
Type of Event: _____
Contact Name and Phone number at Event: _____
Number of Demo Jumps in last 12 months: _____

Type of Landing Area (refer to the Size and Definition of Landing Areas Table in the Exhibition Jumping and Rating section of the SIM):

Open Field ___ Level 1 ___ Level 2 ___ Stadium ___ (check one)

6. Certification

I understand it is my responsibility to obtain the prior advice of a Safety & Training Advisor, Instructor Examiner, or the USPA Regional Director in whose area the jump(s) will occur. I certify that all jumps will be made in accordance with the qualifications of the demonstration jump liability insurance policy, the Basic Safety Requirements, the recommendations contained in the Exhibition Jumping and Rating section in the current SIM, those attached hereto, and that only jumpers meeting all of these requirements will participate.

Signature: _____ Date: _____

LIMITS OF LIABILITY

Rates Valid from March 1, 2010 through March 1, 2011

| | <u>\$250,000.</u> | <u>Credit/Debit</u> | <u>\$1,000,000.</u> | <u>Credit/Debit</u> |
|--------|-------------------|---------------------|---------------------|---------------------|
| 1 day | \$ 245.00 | \$255.00 | \$ 495.00 | \$510.00 |
| 2 days | \$ 475.00 | \$489.00 | \$ 950.00 | \$979.00 |
| 3 days | \$ 675.00 | \$695.00 | \$1,400.00 | \$1,442.00 |
| 4 days | \$ 725.00 | \$747.00 | \$1,500.00 | \$1,545.00 |
| 5 days | \$ 900.00 | \$927.00 | \$1,650.00 | \$1,700.00 |
| 6 days | \$1,000.00 | \$1,030.00 | \$1,800.00 | \$1,854.00 |
| 7 days | \$1,250.00 | \$1,288.00 | \$2,000.00 | \$2,060.00 |
| Annual | \$5,000.00 | \$5,150.00 | \$9,500.00 | \$9,785.00 |

IF YOU ARE PAYING WITH CREDIT/DEBIT CARD PLEASE PROVIDE YOUR INFORMATION ON THE 4TH PAGE

**** Higher Limits are available on an individual basis.****

Limit Desired: \$ _____ No. of Days or Annual: _____ Total Premium: \$ _____

Coverage will be issued upon receipt of signed application, all insurance requirements and payment of premium.

A \$50. processing fee will be charged for all cancelled events.

Insurance Technologies & Programs

A Division of Air Capital Insurance, LLC

P.O. Box 148

Wichita, KS 67201

Demonstration Jump Insurance Requirements

(Form must be completed for each jumper when more than one)

Open Field and Level 1 Insurance Requirements

I have the following credentials for the Open Field and Level 1 demo insurance jump requirements below and it has been **certified with a signature from a Safety and Training Advisor or an Instructor/Examiner.**

1. Open Field and Level 1, as defined by the USPA and accepted by the FAA

(all of the following):

- A. USPA C license or higher, and
- B. Minimum 200 jumps, and
- C. 50 jumps within the past 12 months, and
- D. Certification of five jumps within the previous 60 days, on the actual canopy to be used during the demonstration jump.

Demo Jumper's Name

USPA Membership No. & Exp. Date

Demo Jumper's Signature

Date

Official's (S&TA) Printed Name

USPA Title

Official's (S&TA) Signature

Date

Level 2 and Stadium Insurance Requirements

I have the following credentials for the Level 2 and Stadium demo Insurance jump requirements below and it has been **certified with a signature from a Safety and Training Advisor or an Instructor/Examiner.**

1. Level 2 and Stadium, as defined by USPA and accepted by the FAA

(all of the following):

- A. Hold the USPA PRO rating (required by the BSRs), and
- B. 50 jumps in the past 12 months, and
- C. Certification of five jumps within the previous 60 days, on the actual canopy to be used during the demonstration jump.

Demo Jumper's Printed Name

USPA Membership No. & Exp. Date

Demo Jumper's Signature & Date

Total Number of Jumps

Official's (S&TA) Printed Name

USPA Title

Official's (S&TA) Signature

Date

Insurance Technologies & Programs

A Division of Air Capital Insurance, LLC

P.O. Box 148 Wichita, KS 67201

Phone: 866-585-4590

Fax: 316-491-2245

CREDIT CARD INFORMATION

To charge your premium to your credit card, please supply the following information:

WE ONLY TAKE **VISA** OR **MASTERCARD**

| Names as it appears on your card: | CREDIT CARD CHARGES | |
|-----------------------------------|---------------------|----|
| | | |
| Credit Card Number: | Premium | \$ |
| | See attached rates | \$ |
| Security Code: | Total Charge | \$ |
| | | |
| Expiration Date: | | |

I hereby authorize Insurance Technologies and Programs, A Division of Air Capital Insurance, LLC to charge my insurance premium to the credit card listed above.

Signature