



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: _____

General Information

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Aircraft: _____

Population within 50 miles: _____

Other Locations Used (attach additional sheet if required):

Physical Address: _____

City: _____ State: _____ Zip: _____

States, territory, or area aircraft will be operated in: _____

Contact Person: _____

Is this a new purchase? Yes No If no, how many years have you been the aircraft owner? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Applicant is: Aircraft Owner Aircraft Lessee Borrows or Uses Aircraft Owned by Others

List other owned aircraft, and indicate how these are insured: _____

Annual Number of flights: _____

Total Number of Pilots: _____ Name of Pilot in Command: _____

Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant ever had a claim? Yes No

Completed Claims and Loss History form attached? (REQUIRED) Yes No

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: _____

Desired Insurance

Hull Coverage:

Basket Hull Value \$ _____ How determined? _____

Envelope Hull Value \$ _____ How determined? _____

Amount of encumbrance: _____ Full Coverage Loan Amount

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

Risk Management

1. Please complete the Pilot Schedule and Aircraft Schedule attached at the end of this application, and have each Pilot complete the Pilot Supplemental Application, which is also attached.
2. How many owned balloons do you allow to be operated at one time? _____
3. Have you obtained all licenses and permits for your operations as required by law? Yes No
4. Do you keep regular equipment and balloon maintenance logs? Yes No
5. Are participants provided a safety and pre-trip orientation talk? Yes No
If yes, please attach a copy or outline.
6. Are you a member of any professional organizations? Yes No
If yes, please identify them: _____
7. Please provide copies of the following materials:
 - a. Copy of brochures and/or promotional materials
 - b. A copy of the release and acknowledgement of risk form that guests will read and sign.
8. How often is balloon checked and inspected? _____
9. Who is responsible for ensuring balloon maintenance? _____
10. Do you keep maintenance records? Yes No
If yes, please describe: _____
11. Who completes required maintenance and repair work?
Name: _____
E-Mail: _____ Business Telephone No.: _____
Fax: _____ Date of last service: _____
Service Description: _____
12. Do your customers use or rent any of your balloons? Yes No
13. Do you have an accident/emergency plan? Yes No
14. Are all activities supervised? Yes No
If no, please describe unsupervised activities: _____
15. Do you use liability waivers? Yes No
If yes, please attach a copy.
16. Do you have an operating plan or procedures manual? Yes No
If yes, please attach a copy.
17. 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)		

18. Customers/Patrons/Participants:

- a. Approximately how many people participate annually? _____
- b. What is the most number of people that you could have participating in one day? _____
- c. Break out gross receipts by category:

	LAST YEAR	THIS YEAR
Admission Fees	\$ _____	\$ _____
Competition Fees	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Activity Breakdown

- 19. How many days do you fly per week? _____ How many rides per day? _____
- 20. Complete the following chart:

Description of Activity	Annual # of Guests or Participants

Balloon Information – Please also complete the Aircraft Schedule attached at the end of this application.

- 21. Capacity (including Pilot): _____ Hours flown in last 12 months: _____
- 22. If used seasonally, list season start and end dates: _____ to _____
- 23. Aircraft usage: % Commercial: _____ % Recreational: _____
- 24. When not flown, aircraft is: Always hangared Always tied down Other (explain): _____
- 25. List all planned flights during the 12 months. List the most frequently flown route first. Attach separate page if necessary.

Route Departure and Destination Locations		% of annual flights on this route
Departure	Destination	

- 26. Lienholder: _____ None
- 27. Lienholder Address _____
- 28. City: _____ State: _____ Zip: _____
- 29. Loan Number: _____ Remaining Balance: \$ _____

Business Activities

- 30. Person providing accounting and tax services:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Business Telephone Number: _____ Fax: _____

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 United States Aircraft, Pilots and Mechanics Association, Inc., 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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PILOT SUPPLEMENTAL APPLICATION

Complete the following information for each pilot to be insured. Pilots who are not scheduled will not be covered.

General Information

Pilot's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Date of Birth: _____

Pilot's Employer: _____

Start date: _____

Make and model of all planes Pilot will be flying in the next 12 months:

Education: Traditional schooling: _____

Flight School: _____

Risk Management

1. Has the pilot ever been involved in any aircraft accident or incident? Yes No

If yes, please explain: _____

2. Pilot's logged flight hours:

Name the top three aircraft you have the highest time in:	Single Engine	Multi-Engine	Complex	Sea plane	Helicopter	Hot Air Balloon	Turbine Aircraft
Make and Model of Craft:							
Make and Model of Craft:							
Make and Model of Craft:							
Dates Flown							
Pilot In Command (hrs.)							
Second in Command (hrs.)							
Dual (hrs.)							
Cross Country (hrs.)							
Night (hrs.)							
Instrument (hrs.)							
Total Last 12 Mo. (hrs.)							
Total Last 90 Days (hrs.)							
TOTAL HOURS							

3. Certifications and ratings currently held: _____

4. Do you fly in Class B airspace? Yes No
If yes, how often? _____ or what percentage of the time _____ %
5. What percentage of flight time is in controlled airspace? _____ %
6. FAA certificate number: _____
Renewal Date on medical ____ / ____ / ____ Class 1 2 3
7. Date first certified as a pilot: _____
8. Date of last flight review: _____
9. Are there any waivers or limitations on your Medical Certificate? Yes No
10. Have you ever been:
- a. Cited for violating civil or military flight restrictions? Yes No
 - b. Convicted of or pled guilty to a felony? Yes No
 - c. Arrested for driving under the influence of drugs or alcohol? Yes No

By signing below, I certify that the above information is true and correct to the best of my knowledge.

Dated: _____

Pilot:

Signature

Print Name



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AIRCRAFT SCHEDULE

Date: _____
 Applicant's Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Business Telephone Number: _____
 Fax: _____ E-Mail: _____

Aircraft #: _____

Year		Cash Value	
Make		When not flown, Aircraft is:	<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down <input type="checkbox"/> Other: _____
Model		FAA No:	
Seating Capacity		Hours flown last 12 mo.:	

Aircraft Usage: _____

Aircraft #: _____

Year		Cash Value	
Make		When not flown, Aircraft is:	<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down <input type="checkbox"/> Other: _____
Model		FAA No:	
Seating Capacity		Hours flown last 12 mo.:	

Aircraft Usage: _____

Aircraft #: _____

Year		Cash Value	
Make		When not flown, Aircraft is:	<input type="checkbox"/> Hangared <input type="checkbox"/> Tied Down <input type="checkbox"/> Other: _____
Model		FAA No:	
Seating Capacity		Hours flown last 12 mo.:	

Aircraft Usage: _____

By signing below, I certify that the above information is true and correct to the best of my knowledge.

Dated: _____

Signature

Print Name



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PILOT SCHEDULE

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Fax: _____

Please list every Pilot that will be using any of the Aircraft listed on the Aircraft Schedule:

PILOT NO.	PILOT NAME	DATE OF BIRTH	YRS EXP	YEAR LIC	PILOT'S LICENSE NUMBER	DATE HIRED

By signing below, I certify that the above information is true and correct to the best of my knowledge.

Dated: _____

Signature

Print Name