

# Certificate of Insurance

Form **MUST** be completed in English and signed by an authorized representative of the listed insurance company.

**\*Please provide a copy of your insurance certificate with this form\***

## Name of Insured

LAST/SURNAME		FIRST/GIVEN NAME	
ADDRESS			
CITY		STATE	POSTAL CODE

COMPANY:*	
POLICY NUMBER:	
EFFECTIVE DATE (MM/DD/YY):	
EXPIRATION DATE (MM/DD/YY):	
BALLOON(S) COVERED:	
PILOT(S) COVERED:	

\*Company must possess an A. M. BEST rating of at least B+ VII unless otherwise approved by AIBF. \*

## Coverage

## Limits of Liability

HULL COVERAGE	
HULL DEDUCTIBLE	
<u>COVERAGE A:</u> Bodily Injury and Property Damage *\$1,000,000(US) Minimum Required *	Passengers Included: <input type="checkbox"/> Yes <input type="checkbox"/> NO
<u>COVERAGE B:</u> Passenger Bodily Injury Per Passenger *\$100,000 (US) Minimum Required*	
<u>COVERAGE C:</u> Medical Payments Per Person	
USE:	

\*Third Party Liability coverage may contain no deductible & Coverage to include participation in Air Meets/ Rallies. \*

## Event

66<sup>th</sup> Coupe Aéronautique Gordon Bennett Gas Balloon Race and Albuquerque International Balloon Fiesta®

Dates: 12:01 AM, October 7 to 12:01 AM, October 15

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## Terms

The insurance policy listed above has been issued to the insured named above for the policy period indicated. The insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of said policy. Limits shown may have been reduced by paid claims. If the above listed policy is cancelled before the stated expiration date, notice will be delivered in accordance with the policy provisions. This certificate is issued as a matter of information only and confers no rights upon the information only and confers no rights upon the certificate holder.

Certificate Holder: 66<sup>th</sup> Coupe Aéronautique Gordon Bennett Gas Balloon Race  
Albuquerque International Balloon Fiesta, Inc.  
4401 Alameda Blvd. NE  
Albuquerque, NM 87113

## Insurance Agent/Broker

NAME OF AGENT/BROKER:		
ADDRESS:		
CITY:	STATE:	POSTAL CODE
COUNTRY:	FAX NUMBER:	
PHONE NUMBER:	ALT. PHONE NUMBER:	
EMAIL ADDRESS:		

SIGNATURE OF AUTHORIZED REPRESENTATIVE	
PRINTED NAME	DATE

**FORM SHOULD BE RETURNED BY AUGUST 1, 2023 TO THE FOLLOWING:**

AIBF  
Attn: Jennifer Garcia  
Event Director  
4401 Alameda Blvd NE  
Albuquerque, NM 87113  
Fax: (505)828-2887 Email: [jgarcia@balloonfiesta.com](mailto:jgarcia@balloonfiesta.com)

