



Certificate of Insurance Form Instructions

Please Note:

If you currently use either RPS Balloon (Allianz) or ACRISURE (STARR), you do not need this form.

This form is for the pilots using balloon insurance from another provider, you **MUST** forward this Certificate of Insurance Form to your insurance agent to be completed and returned to AIBF by August 1, 2026.

International Pilots

Your insurance representative **MUST** use the attached COI form to provide proof of insurance coverage. Any other form will be rejected. An authorized representative of your insurance company must complete this form in English and sign the form.

***All pilots must be named on insurance policy and certificate of insurance or OPW along with each registered balloon per the United States requirements ***

Requirements on the Certificate of Insurance:

Your certificate must verify the following coverage:

- Third party liability coverage may contain no deductible
- Coverage must include participate in Air Meets/Rallies

All pilots (primary and additional) who will fly your balloon at Balloon Fiesta must be approved by your insurance company and listed on the certificate of insurance you submit. If no pilot names are listed, the certificate will be rejected.

If your policy contains an Open Pilot Warranty (OPW), (i.e. Policy will insurance any certificated pilot whether or not the pilot is named in the policy), the terms of the OPW must be listed on the certificate.

If a pilot is flying more than one balloon, each registered balloon must be shown on Certificate of Insurance.

Your insurance representative should mail or fax your certificate of insurance to AIBF no later than August 1, 2026.

Certificate of Insurance

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

COPIES OF INSURANCE POLICIES WILL NOT BE ACCEPTED

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

Albuquerque International Balloon Fiesta®

Dates: 12:01 AM, October 3 to 12:01 AM, October 12

Balloons Aloft dates: 12:01 AM, October 3 to 12:01 AM, October 12

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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: 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, 2026** TO THE FOLLOWING:

AIBF
Attn: Sarah Stultz
Pilot Administrator
4401 Alameda Blvd NE
Albuquerque, NM 87113

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Fax: (505)828-2887 Email: sstultz@balloonfiesta.com or pilots@balloonfiesta.com