

USPA Demonstration Jump Insurance Application

1. Terms:

For each exhibition, a completed Demonstration Jump Insurance Application AND payment should be received at least 3 days before the certificate is needed for an intended jump (or series of jumps) at the same location.

Application and payment can be mailed, faxed or emailed to **Susan Amey** or **Karen Moore**.

Mail to: Kimmel Aviation Insurance Agency, Inc., 442 Airport Road, Greenwood, MS 38930

Fax: (662) 455-1611

Website: www.KimmelInsurance.com

Email: Susan.Amey@KimmelInsurance.com

Phone: (301) 526-3282

Karen.Moore@KimmelInsurance.com

(316) 669-9500

2. Definition:

A demonstration jump, also called a display or exhibition jump, is 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/or for-profit events sponsored by drop zones do not qualify for demonstration insurance.** Contact Kimmel Aviation Insurance Agency for quotes on General Liability Event Insurance.

For coverage to be valid, each insured jumper MUST comply with the USPA BSRs and the recommendations stated in the Skydiver's Information Manual (SIM) Section 7 as well as those attached hereto.

Tandem jumps may be part of a demonstration jump only if the jump is performed in accordance with current USPA BSRs and FAA regulations.

- » **Open Field and Level 1** – no experience necessary for the passenger
- » **Level 2** – the tandem instructor **AND** passenger must hold a current USPA D license and PRO rating.
- » **Stadium** – tandem jumps into stadiums are prohibited by USPA and the FAA.

3. Requirements:

Open Field and Level 1:

- » Current USPA C license or higher, and
- » Minimum of 200 jumps, and
- » 50 jumps within the past 12 months, and
- » Five (5) jumps within the past 60 days on the actual canopy to be used for the demo.

Level 2 and Stadium

- » Current USPA PRO rating, and
- » 50 jumps in the past 12 months, and
- » Five (5) jumps within the past 60 days on the actual canopy to be used for the demo.

4. Applicant Information (must be participating in the jump):

Name of Certificate Holder:

Name of Team (if applicable):

Mailing address:

City:

State:

Zip code:

Phone:

Fax:

Email:

5. Jump Information:

Date(s) of jump:

Alt. Date (if any):

Venue name:

Location address:

City:

State:

Zip code:

Name of event:

Type of event:

Will there be tandem jumps? Yes No Please explain:

Type of Landing Areas as defined in SIM, Section 7 (check one):

Open Field Level 1 Level 2 Stadium

6. Insured Participants (required):

List all qualified potential participants. You can attach additional pages if necessary.

Participant(s) Name	USPA #	USPA Expiration	PRO (Y/N)

6a. Additional insured (landlord, landowner, tenants, host, sponsors, organizers, or ground crew).

Note: Aircraft owner and pilot are not covered under the insurance and will not be named as additional insured.

Name	Relationship to Demo Jump

7. Premiums

Using the charts below, select your coverage and payment if paying by check or money order. When paying by credit card, complete item 10 on page 4. This transaction will include a 3.25% security fee.

Please select or highlight the premium based on Limit required and number of days.

Payment by check or money order

Limit	\$250,000	\$500,000	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
1 Day	\$245	\$400	\$495	\$865	\$920	\$980	\$1,020
2 Day	\$475	\$775	\$950	\$1,470	\$1,575	\$1,680	\$1,835
3 Day	\$675	\$1,025	\$1,400	\$1,840	\$2,100	\$2,150	\$2,520
4 Day	\$725	\$1,350	\$1,500	\$2,100	\$2,310	\$2,415	\$2,730
5 Day	\$900	\$1,500	\$1,650	\$2,400	\$2,520	\$2,625	\$2,940
6 Day	\$1,000	\$1,650	\$1,800	\$2,675	\$2,835	\$2,885	\$2,990
7 Day	\$1,200	\$1,850	\$2,000	\$2,835	\$2,990	\$3,045	\$3,305
Annual Policy	\$5,000	\$7,500	\$9,500	\$13,125	\$15,225	\$16,800	\$18,900

8. Cancellation:

In case of cancellation of a jump due to weather conditions, you need to notify our office on the date of the jump via phone message or email. Premium will be refunded minus a \$50.00 agency fee and any applicable credit card or security fees.

9. Certification:

I understand it is my responsibility to obtain the prior advice of my S&TA, IE or Regional Director prior to the jump. I certify that all jumpers listed meet the necessary requirements for this demonstration. I certify that all jumps will be made in accordance with this document, the SIM and FARs.

Person whose advice I obtained:

Date:

S&TA, IE or Regional Director

Applicant's Signature:

Date:

**COVERAGE WILL BE ISSUED ONLY UPON RECEIPT OF SIGNED APPLICATION,
SATISFACTION OF ALL INSURANCE REQUIREMENTS AND PAYMENT OF PREMIUM.**

10. Credit Card Payment Authorization

Name as it appears on the card:

Card number: _____ CVC (last 3 on back): _____ Expiration date: _____ / _____
(Visa, MC, Discover, AMEX) MM YYYY

Billing address:

City: _____ State: _____ Zip code: _____

Insureds Name:

Email address for receipt:

Total to charge:

Note: 3.25% Security Fee will appear on your credit card statement as "Insurance Payment Securfee"

I hereby authorize Kimmel Aviation Insurance Agency, Inc. to charge my insurance premium to the credit card listed above.

Cardholder's Signature: _____ Date: _____