



## FLIGHT APPLICATION

|                  |                 |             |              |
|------------------|-----------------|-------------|--------------|
| Type of Unmanned | Drone           | RC Aircraft | Model Rocket |
|                  | Aerobatic Kites | Other       |              |
| Piloted Aircraft | Hot Air Balloon | Paraglider  | Hang Glider  |
|                  | Ultralight      | Other       |              |

### CONTACT INFORMATION

Name of Person/Business Submitting Request

Phone

Email

Website

Address

City

State

Zip

### PILOT INFORMATION

Name of Pilot

Pilot License Number

Number of years as a pilot

**A copy of the pilot license must be submitted with this application.**

Pilot Cell Phone Number

### AIRCRAFT INFORMATION

Number of aircraft being used

Type of aircraft being used

Make(s)

Model(s)

Aircraft License/Registration Number(s)  
(if applicable)

## FLIGHT INFORMATION

Location(s) of Flight

**A map of the flight area must be submitted with this application.**

Date(s) of Flight

Time(s) of Flight

Purpose of Flight

## INSURANCE

Submit a Certificate of Insurance naming the “City of Cripple Creek, its elected and appointed officials, employees and volunteers” as Additionally Insured with respect to the policies required by the Flight Permit and FAA regulations. The policy must be for a minimum of \$1,000,000, with an aggregate amount of \$1,000,000. Additional insurance may be required dependent upon any high-risk activities. Coverage must be maintained for the duration of the flights including setup and tear down. Flight insurance will be primary: any City insurance will be non-contributory.

The Certificate Holder for all events shall be:

The City of Cripple Creek  
337 E. Bennett Avenue  
Cripple Creek, CO 80813

Name of Insurance Carrier

Insurance Agent

Mailing Address

City

State

Zip

I understand that Certificates of Insurance which do not meet the requirements indicated above, or do not have the correct physical address for the City of Cripple Creek will not be accepted as complete.

A certificate of insurance for private property owners, venues, or service providers may also be required as a condition of your use of their property or services.

(See attached sample Insurance Certificate)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |                       |                |
|---|-----------------------|----------------|
| PRODUCER<br><br>Name of Insurance Company<br>Agent/Agency | CONTACT NAME:         |                |
|   | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| E-MAIL ADDRESS:   |                       |                |
| INSURER(S) AFFORDING COVERAGE                             |                       | NAIC #         |
| INSURER A : Insurance Company Name                        |                       |                |
| INSURER B :   |                       |                |
| INSURER C :   |                       |                |
| INSURER D :   |                       |                |
| INSURER E :   |                       |                |
| INSURER F :   |                       |                |

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                            | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|-------------------------------------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | Policy Number | Effective Date          | Expiration Date         | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
| <input type="checkbox"/>            | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| <input type="checkbox"/>            | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| <input type="checkbox"/>            | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |

**SAMPLE**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additionally Insured: City of Cripple Creek elected and appointed officials, employees and volunteers

**CERTIFICATE HOLDER****CANCELLATION**

The City of Cripple Creek  
337 East Bennett Avenue  
Cripple Creek, CO 80813

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE