

# 2025 - LA Irish Italian Association - Insurance Application

REQUIRED COVERAGE FOR LA IRISH ITALIAN PARADE

\$1,000,000 EACH OCCURRENCE WITH AN AGGREGATE OF \$3,000,000 FOR BODILY INJURY AND PROPERTY DAMAGE.

AD&D Accident Medical Coverage Included

- |    |  |       |                          |
|----|--|-------|--------------------------|
| 1. | TANDEM FLOAT (51 TO 100 RIDERS)<br>Including Medical                                   | \$740 | <input type="checkbox"/> |
| 2. | SUPER FLOAT (21-50 RIDERS)<br>Including Medical  | \$585 | <input type="checkbox"/> |
| 3. | REGULAR FLOAT (13-20 RIDERS)<br>Including Medical                                      | \$560 | <input type="checkbox"/> |
| 4. | STANDARD FLOAT (6-12 RIDERS)<br>Including Medical                                      | \$400 | <input type="checkbox"/> |
| 5. | MINI FLOAT (1-5 RIDERS)<br>Including Medical   | \$280 | <input type="checkbox"/> |
| 6. | MARCHING CLUBS<br>Including Medical  | \$160 | <input type="checkbox"/> |
| 7. | ANY PICK-UPS / TRAILERS (COMFORT STATIONS)<br>USED WITH MARCHING CLUBS (NO PASSENGERS) | \$160 | <input type="checkbox"/> |
| 8. | ANY CONVERTIBLES / SUV'S / OR OTHER VEHICLES<br>(PASSENGERS)                           | \$160 | <input type="checkbox"/> |

TOTAL PREMIUM FOR COVERAGES: \_\_\_\_\_

I understand that in order to receive a refund, cancellations must be made by the listed Captain, in writing, by the Friday before the Parade. I also understand that any cancellation requests by email or voicemail must be confirmed by Arceri & Associates, and that unless requested otherwise, refunds for requested cancellations will be sent by mail to the address of the Captain listed on the application. I also understand that there will be a \$10 processing fee for all cancellations for refund, and that there is no refund on late fees.

\_\_\_\_\_  
(Signed by a representative of the Club)

Name of Club: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Club Captain's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## TRUCK PULLING FLOAT

Tractor Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Tractor Driver: \_\_\_\_\_ Phone #: \_\_\_\_\_

## FLATBED

Trailer Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Checks or money orders should be made payable and remitted to:

### Arceri & Associates

2017 Transcontinental Dr

Metairie, LA 70001

504-484-6393

No checks accepted after the Final Meeting | \$20 NSF FEE on returned checks

Office Use Only: Check:  # \_\_\_\_\_ M.O.:  # \_\_\_\_\_ Rec'd by \_\_\_\_\_

IMS

Certificate: EMAILED / GIVEN / MAILED - \_\_\_/\_\_\_/\_\_\_

Line up # \_\_\_\_\_