

# 2026 Louisiana 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.

\$25,000 AD&D Accident Medical Coverage Included

- |    |  |       |                          |
|----|--|-------|--------------------------|
| 1. | <b>TANDEM FLOAT (51 TO 100 RIDERS)</b><br>Including Medical  | \$800 | <input type="checkbox"/> |
| 2. | <b>SUPER FLOAT (21-50 RIDERS)</b><br>Including Medical   | \$640 | <input type="checkbox"/> |
| 3. | <b>REGULAR FLOAT (13-20 RIDERS)</b><br>Including Medical   | \$620 | <input type="checkbox"/> |
| 4. | <b>STANDARD FLOAT (6-12 RIDERS)</b><br>Including Medical   | \$440 | <input type="checkbox"/> |
| 5. | <b>MINI FLOAT (1-5 RIDERS)</b><br>Including Medical  | \$300 | <input type="checkbox"/> |
| 6. | <b>MARCHING CLUBS</b><br>Including Medical   | \$180 | <input type="checkbox"/> |
| 7. | <b>ANY PICK-UPS / TRAILERS (COMFORT STATIONS)</b><br><b>USED WITH MARCHING CLUBS (NO PASSENGERS)</b> | \$180 | <input type="checkbox"/> |
| 8. | <b>ANY CONVERTIBLES / SUV'S / OR OTHER VEHICLES</b><br><b>(PASSENGERS)</b>                           | \$180 | <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 # \_\_\_\_\_