

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