2027 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**	**$840** ☐
2.	**SUPER FLOAT** (21-50 RIDERS) **Including Medical**	**$680** ☐
3.	**REGULAR FLOAT** (13-20 RIDERS) **Including Medical**	**$640** ☐
4.	**STANDARD FLOAT** (6-12 RIDERS) **Including Medical**	**$460** ☐
5.	**MINI FLOAT** (1-5 RIDERS) **Including Medical**	**$320** ☐
6.	**MARCHING CLUBS Including Medical**	**$200** ☐
7.	**ANY PICK-UPS / TRAILERS (COMFORT STATIONS) USED WITH MARCHING CLUBS (NO PASSENGERS)**	**$200** ☐
8.	**ANY CONVERTIBLES / SUV'S / OR OTHER VEHICLES (PASSENGERS)**	**$200** ☐

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

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Office Use Only: Check: ☐ # _____ M.O.: ☐ #_____ Rec'd by _____

IMS ☐ **Certificate**: **EMAILED / GIVEN / MAILED** - ____/_____/_____ **Line up # _____**