

2024 St. Patrick's Parade Committee of Jefferson - Insurance Application

REQUIRED COVERAGE FOR ST. PATRICK'S PARADE COMMITTEE OF JEFFERSON, INC

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

- | | | | |
|----|---|-------|--------------------------|
| 1. | SUPER FLOAT (21-50 RIDERS) | \$780 | <input type="checkbox"/> |
| 2. | REGULAR FLOAT (13-20 RIDERS) | \$750 | <input type="checkbox"/> |
| 3. | STANDARD FLOAT (6-12 RIDERS) | \$540 | <input type="checkbox"/> |
| 4. | MINI FLOAT (1-5 RIDERS) | \$360 | <input type="checkbox"/> |
| 5. | MARCHING GROUPS | \$190 | <input type="checkbox"/> |
| 6. | ANY PICK-UPS / TRAILERS (COMFORT STATIONS)
USED WITH MARCHING GROUPS (NO PASSENGERS) | \$195 | <input type="checkbox"/> |
| 7. | ANY CONVERTIBLES / SUV'S / OR OTHER VEHICLES
(PASSENGERS) | \$195 | <input type="checkbox"/> |

TOTAL PREMIUM FOR COVERAGES: _____

I understand that in order to receive a refund, cancellations must be made by the listed Lieutenant, 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 Lieutenant 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 Group)

Name of Group: _____ E-MAIL: _____

Group Lieutenant's Name: _____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

TRUCK PULLING FLOAT

Tractor Owner: _____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

FLATBED

Trailer Owner: _____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

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 _____

Certificate: EMAILED / GIVEN / MAILED - ___/___/___

Line up # _____