



RODEO EVENTS

GENERAL LIABILITY SUPPLEMENTAL APPLICATION GENERAL INFORMATION

APPLICANT

Named Insured: _____
 Address: _____
 City: _____
 Contact Name: _____ Email: _____
 Phone Number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____
 Business type:
 ___ Corporation ___ Individual ___ Joint Venture ___ LLC ___ Partnership
 ___ Association ___ Not for Profit

EVENT INFORMATION

NAME of RODEO: _____
 Name of Rodeo Arena: _____
 Address of Rodeo Arena: _____
 City: _____ ST: _____ Zip: _____
 Contact Name: _____ Email: _____
 Phone Number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

Are rodeo animals held on same property? ___ **YES**, ___ **NO**. If NO, please provide location of Offsite Pens: _____

Rodeo Performance Dates: _____ Number of Rodeo Performances: _____
 Date of move in: _____; Slack Dates: _____
 Average number of Spectators per performance: _____
 Maximum number of Spectators per performance: _____
 Sanctioning Organization: _____
 Type of Arena: ___ Permanent ___ Temporary. **If temporary**, please describe type: _____

Description of Barrier between Arena Panels and Spectator seating area: _____

Are all horse and livestock areas: Fenced or Roped off from public? ___ **YES** ___ **NO**
 If no explain procedures to keep spectators away from animals & livestock _____

Describe your experience Producing Rodeos _____

Describe emergency medical services provided during the event: _____



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ADDITIONAL INSURED(S)

NAME OF ADDITIONAL INSURED & their Interest: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

Phone Number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

(If more Additional Insured's required please attach list)

STOCK CONTRACTOR

___ Additional Insured ___ Provides own coverage

NAME: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

Phone Number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

ADDITIONAL LIABILITY EXPOSURES

Please indicate who is responsible for the following exposures (if sub-contracted indicate if Certificate provided naming insured as Additional Insured):

Amusement Rides: _____

Concessions: _____

Entertainment: _____

Exhibitors: _____

Fireworks: _____

Vendors: _____

Please indicate any additional activities that will be held during your event (parades, dances, concerts, queen contest, dinners, breakfasts, golf tournaments, sales, etc.)

Activity Date(s) _____ Estimated Attendance _____

Attach brochures, flyers or event schedules if available

Is alcohol available for guest consumption? ___ YES ___ NO.

IF YES, is alcohol served by: ___ **the insured** or ___ **a separate vendor**?

IF a separate vendor, please provide us a copy of their certificate of insurance.

If insured is responsible for serving alcohol, please provide the following Estimated

Receipts for each item: Beer: \$ _____ Wine: \$ _____ Liquor: \$ _____

(Liquor Liability Application required if alcohol is served or sold)

Mobile Equipment (ATV, golf carts, utility vehicles, tractors, etc.) ___ YES ___ NO.

If yes, describe use and number of each:



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Are there any motor sports activities held during your event? ___ YES ___ NO.

If YES, Complete Motorsports Supplemental Application. If provided by a vendor, please provide us with a copy of their certificate of insurance.

Are there any mechanical bull rides during your event? ___ YES ___ NO.

IF YES, If Mechanical Bull is provided by an outside vendor, please provide us with a copy of their certificate of insurance.

NOTE: Coverage for this exposure IS NOT provided under this policy if issued

Have you experienced any claims during the last 5 years? ___ YES ___ NO. (loss run required)

IF YES, please provide specific details on any claim in excess of \$10,000 (paid or reserved):

Audience Participation of any type is expressly prohibited. Coverage is provided for Spectator Liability ONLY!

This insurance does not apply to “bodily injury,” “property damage,” or “personal and advertising injury” claims made against any insured under this policy arising out of activity(ies) commonly known as BULL POKER, ULTIMATE POKER, RING OF FEAR, RING OF FIRE, SOCCER, or any other similar activity(ies), contest(s), event(s) or exhibition(s) involving bulls or other animals and any person(s).

This application must be approved by the insurance company prior to coverage being bound. The company will not provide coverage for any events that allow audience participation. This application must be signed and dated by the applicant.

Applicant Name & Title: _____

Signature: _____

Date: _____

**Acord 125 & 126 Required with this supplemental application
Include Copies of any waivers/releases used.**