

# VOLUNTEER ACCIDENT INSURANCE

## GENERAL INFORMATION

Rodeo Association/Committee \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_ Email \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

## EVENT INFORMATION

Name of Event \_\_\_\_\_  
Dates of Coverage (including move-in & move-out) \_\_\_\_\_  
Date(s) of Event \_\_\_\_\_  
Event Location \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Approximate Number of Volunteers \_\_\_\_\_  
Duties of Volunteers \_\_\_\_\_  
Do Volunteers work in Livestock Pen or Rodeo Arena? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, please estimate the number of these Volunteers and specific duties  
\_\_\_\_\_

Limits of Insurance Requested: \_\_\_\_\_ Accident Excess Medical  
\_\_\_\_\_ Accidental Death & Dismemberment  
\_\_\_\_\_ Per-Claim Deductible

**This form must be signed and dated.**

Applicants Signature \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Date \_\_\_\_\_

**Return completed form to:**

***Western Specialty Insurors, LLC.***

*P.O. Box 310, Pleasant Hill, MO 64080-0310*

*(816) 398 2774 Fax (913) 341 0901*

[www.rodeoins.com](http://www.rodeoins.com)