



Western Specialty Insurors

**Western Specialty Insurors, LLC**  
An Affiliate of Creative Planning Risk Services  
888-866-3550 913-341-0901 (Fax)

**Horse Activity & Non Rough Stock Application**  
Timed Events, Horse Shows, Clinics, Livestock Sales or Shows

**GENERAL INFORMATION**

**APPLICANT NAME**

\_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone Number** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Business type**  **Corporation**  **Individual**  **Joint Venture**  **LLC**  
 **Partnership**  **Association**  **Not for Profit**

**ADDITIONAL INSUREDS**

**Name of Additional Insured** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Interest:**  **Landowner**  **Sponsor**  **Sanctioning Org**  **Other** \_\_\_\_\_

**Name of Additional Insured** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Interest:**  **Landowner**  **Sponsor**  **Sanctioning Org**  **Other** \_\_\_\_\_

## EVENT INFORMATION

Event Name \_\_\_\_\_

Type of Event \_\_\_\_\_

Location of event including name & address \_\_\_\_\_

\_\_\_\_\_

Are animals held on same property? \_\_\_ Yes \_\_\_ No (if no, provide location of

Offsite pens) \_\_\_\_\_

Event Dates: \_\_\_\_\_ Total Event Days: \_\_\_\_\_

Date of move in \_\_\_\_\_

**Average # of Spectators per day** \_\_\_\_\_ **Max # of Spectators per day** \_\_\_\_\_

Sanctioning Organization (if any) \_\_\_\_\_

Type of Arena \_\_\_ Permanent \_\_\_ Temporary if temporary, please describe

\_\_\_\_\_

Description of Barrier between Arena Panels and Spectator seating area

\_\_\_\_\_

\_\_\_\_\_

Are all horse and livestock areas \_\_\_ fenced? \_\_\_ roped off from public?

Is alcohol available for guest consumption? \_\_\_ Yes \_\_\_ No

a. If yes, is alcohol served by insured or separate vendor? \_\_\_\_\_

(If separate vendor, please provide copy of certificate of insurance)

b. If insured is responsible for serving alcohol, please provide the following:

Est. Receipts: Beer \_\_\_\_\_ Wine \_\_\_\_\_ Liquor \_\_\_\_\_

Are there any motor sports activities held during your event? \_\_\_ Yes \_\_\_ No  
(coverage excluded under this policy) If so please provide certificate of insurance

Is there any mechanical bull rides during your event? \_\_\_ Yes \_\_\_ No  
(Coverage is excluded under this policy) If so, please provide certificate of insurance.

Previous Insurance Company: \_\_\_\_\_

Limit of Liability Requested:    \_\_\_\$500,000           \_\_\_\$1,000,000

Higher limits are available upon request

Has insured had any claims during the last 5 years?   \_\_\_ Yes   \_\_\_ No

If so, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This application must be approved by insurance company prior to coverage being bound. This application must be signed and dated.**

Applicants Signature \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number \_\_\_\_\_

Date \_\_\_\_\_

**Return completed application to:**

***Western Specialty Insurors, LLC***  
***P. O. Box 310, Pleasant Hill, MO 64080-0310***  
***(888) 866-3550 Fax (913) 341-0901***  
**www.rodeoins.com**