



Western Specialty Insurers

Western Specialty Insurers, LLC

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
1116 Remington Plaza, Suite C
Raymore, MO 64083***

***(888) 866-3550 Fax (816) 623-5982
www.rodeoins.com***