

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.

1116 Remington Plaza, Suite C Raymore, MO 64083

(888) 866-3550 Fax (816) 623-5982

www.rodeoins.com