



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: _____ Phone: _____ Email: _____
Website: _____
Business Type: Corporation Individual Joint Venture LLC
 Partnership Association Not for Profit

ADDITIONAL INSURED

Name of Additional Insured: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone Number: _____ Email Address: _____
Interest: Land Owner Sponsor Sanctioning Organization Other
Name of Additional Insured: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone Number: _____ Email Address: _____
Interest: Land Owner Sponsor Sanctioning Organization 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 barriers between Arena panels and Spectator seating Area: _____

Western Specialty Insurors, LLC
(888) 866 3550 info@rodeoins.com

Are all horse and livestock areas fenced? Yes No Roped off from public? Yes No

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:

Estimated 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.

Are there any mechanical bull rides during your event: Yes No

(Coverage excluded under this policy) If so, please provide certificate of insurance

Previous Insurance Company: _____

Effective Date of Coverage: _____

Limit of Liability Requested: \$1,000,000 per occurrence \$2,000,000 per occurrence

Higher Limits are available upon request

Has insured had any claims during the last (5) five years? Yes No

If yes, please provide details: _____

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

Applicant signature: _____ Date: _____

Phone Number: _____ Email Address: _____

Return completed application to:

Western Specialty Insurors, LLC
1116 Remington Plaza, Suite C
Raymore, MO 64068
(888) 866-3550
info@rodeoins.com