

## Western Specialty Insurors, LLC

1116 Remington Plaza, Suite C  
Raymore, MO 64083  
(888) 866-3550 Fax: (816)623-5982  
[www.rodeoins.com](http://www.rodeoins.com)



### PARTICIPANT ACCIDENT – REQUEST FOR QUOTE

#### GENERAL INFORMATION

Requesting Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

#### EVENT INFORMATION

Total Number of Annual Events: \_\_\_\_\_ Number of Event Days: \_\_\_\_\_  
Average Number of Participants: \_\_\_\_\_ Age group of Participants: \_\_\_\_\_  
Is coverage 100% mandatory: Yes No  
Has coverage been declined/cancelled in past 3 years: Yes No

**\*\*Please provide updated loss runs for past (3) three years\*\***

Type of Events conducted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 #: (\_\_\_\_) \_\_\_\_\_  
Date: \_\_\_\_\_

Return completed form to:

### Western Specialty Insurors, LLC.

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[info@rodeoins.com](mailto:info@rodeoins.com)