

Western Specialty Insurors, LLC

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



VOLUNTEER ACCIDENT INSURANCE

GENERAL INFORMATION

Rodeo Association/Committee: _____
Address: _____
City: _____ ST: _____ Zip: _____
Contact Name: _____
Phone Number (____) _____ Fax (____) _____ Cell Phone (____) _____

EVENT INFORMATION

Name of Event: _____
Dates of Coverage (including move in & move out): _____
Dates of Event: _____
Event Location: _____
Street Address: _____
City: _____ ST: _____ 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 type 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 #: (____) _____
Date: _____

Return completed form to:

Western Specialty Insurors, LLC.

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info@rodeoins.com