

COMMERCIAL GENERAL LIABILITY - RODEO APPLICATION

GENERAL INFORMATION

RODEO COMMITTEE APPLICANT

NAME: _____
Address: _____ City: _____ ST: _____ Zip: _____
Contact Name: _____ Email: _____
Phone number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____
Website Address: _____ # of years in business: _____
Business type: Corporation Individual Joint Venture LLC
 Partnership Association Not for profit

STOCK CONTRACTOR

Additional Named Insured

Provides own coverage

NAME: _____
Address: _____
City: _____ ST: _____ Zip: _____
Contact Name: _____ Email: _____
Phone Number: () _____ Fax: () _____ Cell phone: () _____
Limit of liability requested: \$1,000,000 per occ. \$2,000,000
Previous Insurance Company: _____ Effective Date: _____

HIGHER LIMITS AVAILABLE UPON REQUEST

ADDITIONAL INSURED

Name of ADDITIONAL INSURED: _____
Address: _____
City: _____ ST: _____ Zip: _____
Contact Name: _____ Email: _____
Phone number: (____) _____ Fax: (____) _____ Cell: (____) _____
Interest: Landowner Sponsor Sanctioning Org Other: _____

NAME of ADDITIONAL INSURED: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

Phone Number: (____) _____ Fax: (____) _____ Cell: (____) _____

Interest: Landowner Sponsor Sanctioning Org Other : _____

EVENT INFORMATION

Complete attached schedule of events for multiple events

NAME of RODEO: _____

Name of Rodeo Arena: _____

Address of Rodeo Arena: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

Are rodeo animals held on same property? **Yes** **No**

IF NO, please provide location of Offsite Pens: _____

Rodeo Performance Dates: _____ Number of Rodeo Performances: _____

Date of move in: _____ Slack Dates: _____

Average # of Spectators per performance: _____ Maximum # of Spectators per performance: _____

Sanctioning Organization: PRCA IPRA PBR WPRA Other: _____

Type of Arena: Permanent Temporary. **If temporary**, please describe: _____

Description of Barrier between Arena Panels and Spectator seating area: _____

Height of Arena Panels: _____

Are all horse and livestock areas: Fenced Or roped off from public?

ADDITIONAL LIABILITY EXPOSURES

Please indicate any additional activities that will be held during your event (parades, dances, concerts, queen contest, dinners, breakfasts, golf tournaments, sales, etc.)

Activity	Date	Est. Attendance	Location

Attach brochures, flyers, or event schedules, if available

ADDITIONAL LIABILITY EXPOSURES

- **Is alcohol available for guest consumption?** Yes No
IF YES, is alcohol served by: **the insured** or a **separate vendor**. If a separate vendor, please provide a copy of the certificate of insurance. If coverage is needed, please complete the liquor supplement application. If insured is responsible for serving alcohol, please provide the following estimated **RECEIPTS for each item**:
 - **Beer:** \$ _____ **Wine:** \$ _____ **Liquor:** \$ _____
- **Are there amusement rides in conjunction with rodeo?** Yes No
IF YES, please provide us with a copy of their certificate of insurance. **NOTE:** Coverage for this exposure is **NOT** provided under this policy if issued.
- **Are there any motor sports activities held during your event?** Yes No
IF YES, please provide us with a copy of their certificate of insurance. **NOTE:** Coverage for this exposure is **NOT** provided under this policy if issued.
- **Are there any mechanical bull rides during your event?** Yes No
IF YES, please provide us with a copy of their certificate of insurance. **NOTE:** Coverage for this exposure is **NOT** provided under this policy if issued.
- **Has insured had any claims during the last 5 years?** Yes No
IF YES, please provide loss runs from previous insurance company.

***This application must be approved by the insurance company prior to coverage being bound. This application must also be signed and dated by applicant.**

Applicant Name & Title: _____

Signature: _____ **Date:** _____

Email Address: _____ **Phone:** _____

Return Completed Application by mail/fax/email to: **Western Specialty Insurors, LLC**
1116 Remington Plaza, Suite C
Raymore, MO 64083
Phone: (888) 866-3550
info@rodeoins.com

Additional coverages available. Please indicate if you would like a quote

_____ **Hired/Non-Owned**

_____ **Automobile Liability**

_____ **Inland Marine/Equipment Coverage**

_____ **Volunteer Accident Insurance**

_____ **Participant Accident Insurance**

_____ **Directors & Officers Liability**

1116 Remington Plaza, Suite C
Raymore, MO 64083
(888) 866-3550 info@rodeoins.com



SCHEDULE OF EVENTS

Named Insured:

[illegible]

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.