

## RODEO - SPECIAL EVENT LIABILITY APPLICATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Term Requested: From \_\_\_\_\_ To \_\_\_\_\_

Include set-up or take-down time. Number of Events \_\_\_\_\_

Detailed Description of Event (if printed material is available, attach) \_\_\_\_\_

Limits Requested: Occurrence \_\_\_\_\_ General Aggregate \_\_\_\_\_

Deductible: \_\_\_\_\_

### UNDERWRITING INFORMATION

Estimated Attendance: \_\_\_\_\_ Per day \_\_\_\_\_ Total all Days \_\_\_\_\_

Maximum capacity at event location: \_\_\_\_\_

No. of Participants \_\_\_\_\_ Gross Receipts from Admissions \$ \_\_\_\_\_

Gross Receipts from Concessions \$ \_\_\_\_\_ Describe the concessions offered \_\_\_\_\_

Describe seating Arrangements (type, capacity, construction, portable/permanent, bleachers/platforms, etc.) \_\_\_\_\_

Event indoors/outdoors? \_\_\_\_\_ If outdoors, have local health department codes been determined regarding restroom facilities? \_\_\_\_\_ Have arrangements been made to comply with such Codes? \_\_\_\_\_

Describe all set up exposures: (electrical, special effects, etc.) \_\_\_\_\_

Describe security arrangements: \_\_\_\_\_

Are guards armed? \_\_\_\_\_ Do they have their own insurance? \_\_\_\_\_

Are parking lots provided or maintained by the Insured? (describe) \_\_\_\_\_

Is liquor served or sold by the insured? \_\_\_\_\_ Is proper license in place? \_\_\_\_\_  
 Is liquor served or sold by others? \_\_\_\_\_ Is proper license in place? \_\_\_\_\_  
 If sold by others, do they have their own liquor liability coverage? \_\_\_\_\_ Provide evidence of coverage.

Will first-aid facilities be provided by applicant? \_\_\_\_\_ If yes, who will be in charge of facilities? (Dr./Nurse) \_\_\_\_\_

Are animals kept on the premises? \_\_\_\_\_ Describe or submit a drawing of the location for the holding pens, Chutes, fencing and how animals are moved from the holding area to the event area. \_\_\_\_\_

Do you have certificates of insurance from operators including stock contractors? \_\_\_\_\_

Does applicant agree to hold harmless any third party? \_\_\_\_\_ If yes, attach a copy of the contract.

Is applicant held harmless by others? \_\_\_\_\_

Are any contracts, other than hold harmless, required as part of the rodeo event? \_\_\_\_\_ If yes, attach copy.

Are local permits required? \_\_\_\_\_ If yes, attach copy.

Additional insureds/certificate holders: List below, indicating relationship: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOSS INFORMATION (Last 3 Years)**

If this event has been held in the past, please complete the following:

Year	Carrier	Limits	Premium	Date of Loss	Description of Loss	Amount Incurred

\_\_\_\_\_  
 Applicant Signature & Date

\_\_\_\_\_  
 Producer Name & Address

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.