



COMMERCIAL GENERAL LIABILITY - RODEO EVENTS

GENERAL INFORMATION

RODEO COMMITTEE/APPLICANT

NAME: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

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

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: (____) _____

Previous Insurance Company: _____

Limit of Liability Requested: \$500,000 \$1,000,000

Higher limits are available upon request

ADDITIONAL INSURED

NAME of ADDITIONAL INSURED: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

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

NAME of ADDITIONAL INSURED: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Contact Name: _____ Email: _____
 Phone Number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

EVENT INFORMATION

NAME of RODEO: _____
 Name of Rodeo Arena: _____
 Address of Rodeo Arena: _____
 City: _____ ST: _____ Zip: _____
 Contact Name: _____ Email: _____
 Phone Number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

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 number of Spectators per performance: _____

Maximum number of Spectators per performance: _____

Sanctioning Organization: _____

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

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

Are all horse and livestock areas: ___ Fenced or ___ Roped off from public? ___ YES ___ NO

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	Estimated Attendance

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 us a copy of their certificate of insurance.

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 specific details: _____

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

Applicant Name & Title: _____

Signature: _____ **Date:** _____

Email Address: _____ **Phone:** _____

Return completed application to:

Health Special Risk, Inc.
880 Sibley Memorial Highway, Suite 101, Mendota Heights, MN 55118
(651) 455-8889 - Fax: (651) 455-1877
www.healthspecialrisk.com