

## RODEO INSURANCE PROGRAM

Broker \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Contact Name \_\_\_\_\_ Email address \_\_\_\_\_

Name of Applicant/Insured \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

1. Describe Event: \_\_\_\_\_

\_\_\_\_\_

2. Location of Event (full Address) \_\_\_\_\_

\_\_\_\_\_

3. Effective Date: \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Hours of event \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Hours of event \_\_\_\_\_

Main Activity	Estimate Attendance	Other Activities	Total Attendance
Day 1 _____	_____	_____	_____
Day 2 _____	_____	_____	_____
Day 3 _____	_____	_____	_____

4. Does the stock have coverage in place? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do all participants sign waivers? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do all participants have their own insurance in place? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Who is providing food and/or drink or other. (Name) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession \_\_\_\_\_  
\_\_\_\_\_

9. If other than the Applicant, is a Certificate of Insurance provided? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Will there be alcohol served at any of the activities? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*If yes, then please fill out our Host Liquor Supplement\*\***

11. If third party responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured. \_\_\_\_\_

12. What is your experience producing this type of event? \_\_\_\_\_  
\_\_\_\_\_

13. Will any grandstands or bleachers be used? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, confirm the construction. \_\_\_\_\_  
\_\_\_\_\_

Capacity \_\_\_\_\_ General Condition \_\_\_\_\_

14. Describe safety measures i.e., parking, traffic, security, supervision, first aid, evacuation. \_\_\_\_\_  
\_\_\_\_\_

15. General Comments \_\_\_\_\_  
\_\_\_\_\_

16. Has any company declined or cancelled any coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please provide detail. \_\_\_\_\_  
\_\_\_\_\_

17. Previous Carrier \_\_\_\_\_

Premium \_\_\_\_\_

18. Limits Requested: (check one) 1 Million \_\_\_\_\_ 2 Million \_\_\_\_\_ 5 Million \_\_\_\_\_ Other \_\_\_\_\_

19. Loss History \_\_\_\_\_  
\_\_\_\_\_

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicants Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage _____
Broker _____ Email _____