



COMMERCIAL GENERAL LIABILITY - RODEO EVENTS

GENERAL INFORMATION

RODEO COMMITTEE/APPLICANT

NAME: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

Phone (____) _____ Fax (____) _____ Cell (____) _____

Business type:

Corporation Individual Joint Venture LLC Partnership

Association Not for Profit

STOCK CONTRACTOR

Additional Insured Provides own coverage

NAME: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

Phone (____) _____ Fax (____) _____ Cell (____) _____

Previous Insurance Company: _____

Limit of Liability Requested: \$1,000,000 \$2,000,000

ADDITIONAL INSURED

NAME of ADDITIONAL INSURED: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Email: _____

Phone (____) _____ Fax (____) _____ Cell (____) _____

Interest: Landowner Sponsor Sanctioning Org Other _____

NAME of ADDITIONAL INSURED: _____
Address: _____
City: _____ ST: _____ Zip: _____
Contact Name: _____ Email: _____
Phone (____) _____ Fax (____) _____ Cell (____) _____
Interest: ___Landowner ___ Sponsor ___Sanctioning Org ___Other _____

EVENT INFORMATION

NAME of RODEO: _____
Name of Rodeo Arena: _____
Address of Rodeo Arena: _____
City: _____ ST: _____ Zip: _____
Contact Name: _____ Email: _____
Phone (____) _____ Fax (____) _____ Cell (____) _____
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: _____
Does the Rodeo board the stock at the facility overnight ___ Yes ___ No
Are the transfer areas between the animal pen/stalls and rodeo competition area restricted from the general public?
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. ___ Outdoor 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

ARENA FENCE/BARRIER CONSTRUCTION (Please check one.)

- Metal Scaffolding
- Wood Post & Plank
- Metal Gating
- Other (Please describe in detail)

SPECTATOR SETING (Please check one and fill in details.)

Grandstand

Age: _____ Construction: _____ Seating Capacity: _____

Temporary Bleachers

Age: _____ Construction: _____ Seating Capacity: _____

Does the Insured require signed waiver/release forms for any activity during the event? Yes No

If Yes, what activity: _____
 If Yes, Please attach a copy of the Waiver/Release Forms used

Does the Insured require Legal Guardians to sign the waiver/release forms of minor participants? Yes No

Is First Aid provided? Yes No If Yes, number of medical personnel on site:

_____ Nurses: _____ Doctors: _____ Other _____

Describe any other medical facilities on site (eg nurse station): _____

Distance to Nearest Hospital: _____

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: \$ _____

All servers must have alcohol awareness training

- 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: Front Row Insurance Brokers Inc.

IMPORTANT: PLEASE COMPLETE A DETAILED DIAGRAM OF THE RODEO EVENT SITE/ARENA INCLUDING SPECTATOR VIEWING AREAS, RESTRICTED AREAS, COMPETITION AREA, BARRIER FENCING, AND DISTANCES BETWEEN COMPETITION AREA AND THE NEAREST SPECTATOR SEATING.

I understand that Front Row Insurance Brokers Inc. for the insuring company is permitted but not obligated to survey your property and operations for underwriting and/or loss control purposes at any time. I also understand that, by making an underwriting and/or loss control survey or providing any report of recommendations, Front Row Insurance Brokers Inc. is not undertaking, on behalf of, or for your benefit (or others), to determine whether your property or operations are safe, or in compliance with any standards, rules or regulations. Underwriting and/or loss control surveys are for the sole purpose of determining the insurability of certain property and operations and are not for the benefit of any insured or third party. I understand and shall not rely upon underwriting and/or loss control surveys or activities to determine the safety of our property or operations and we shall not diminish or forego our own safety practices and procedures in reliance upon any Front Row Insurance Brokers Inc. survey.

I understand that this application and all information supplied is part of the application process and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that, to the best of my knowledge, all information provided in this application is complete, true and correct.

Name (Print) Signature Date