

Rodeo Event Application

AmRisk Insurance Services

PO Box 6230 Scottsdale, AZ 85260
 (602) 702-7600 Fax: (602) 992-8327
 ballen@amriskusa.com

Contact Information

Name of Applicant:			
Address: (No PO Box's)			
City		State	Zip
Contact Person		Email	
Business Phone		Cell Phone	- -
In business since:	FEIN #	FAX	- -
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other:		
Website Address:			

Underwriting Questions

Type of Events & Activities:			
<input type="checkbox"/> Roping <input type="checkbox"/> Bull Riding <input type="checkbox"/> Parade	<input type="checkbox"/> Cutting / Penning <input type="checkbox"/> Pony Rides <input type="checkbox"/> Dance / Concert	<input type="checkbox"/> Barrel Racing <input type="checkbox"/> Gymkhana <input type="checkbox"/> BBQ	<input type="checkbox"/> Bronc Riding <input type="checkbox"/> Mounted Drill Team <input type="checkbox"/> Other
Rodeo Association Affiliation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> PRCA <input type="checkbox"/> BLBRA <input type="checkbox"/> PWBR	<input type="checkbox"/> NHSRA <input type="checkbox"/> CCPRA <input type="checkbox"/> OTHER	<input type="checkbox"/> PBR <input type="checkbox"/> NIRA	<input type="checkbox"/> IPRA <input type="checkbox"/> WPRA
Describe experience producing rodeo & horse show type events			
Do you hire any sub-contractors? *Describe			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have You Had Any Liability Losses in the Past 5 years? If yes, please describe on separate sheet of paper			Yes <input type="checkbox"/> No <input type="checkbox"/>
Will alcohol be served at the event?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes by whom? <input type="checkbox"/> Insured <input type="checkbox"/> Vendor If by Insured liquor liability supplement required.			
b) What controls are used?	<input type="checkbox"/> Wristbands Used	<input type="checkbox"/> Check ID's	<input type="checkbox"/> Other (Describe below)

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Event Details

Event Dates		Number of Days:			
Slack Dates		Number of Days:			
Set up /Tear down days?		Total Performances:			
Avg Attendance Per Performance:		Total Attendance For Event:			
Venue/Facility Name:			Is Seating Assigned?		
Venue/Facility Address:					
City:		State:	Zip:		
Event Name:					
Event Description:					
Budget: (Total cost of event): \$		Gross Revenue \$	Cost of Admission \$		
Event will be: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors & Outdoors <input type="checkbox"/> Outdoors Partially Covered					
Type of Arena: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Please describe:					
Description of barriers between Arena & Spectators:					
Who is in charge of the security? <input type="checkbox"/> Insured <input type="checkbox"/> Venue <input type="checkbox"/> No Security <input type="checkbox"/> Other					
Number of: Armed Un-Armed Volunteer Police EMT Other					
General Liability Basic Limit: \$1,000,000 per occurrence / \$2,000,000 Aggregate					
Excess Liability Coverage: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> 4,000,000 <input type="checkbox"/> \$5,000,000					
Responsibility Chart					
	N/A	Venue	Applicant	Promoter	Certs. Provided
Security					
Liquor					
Vendors/ Concessionaires					
Pyrotechnics					
Amusement Rides					
Tents					
Temporary Lighting					

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Stock Contractor		
NAME _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
Phone _____	_____	_____
<input type="checkbox"/> Will Provide Additional Insured Certificate OR <input type="checkbox"/> Name as Additional Insured on this policy (Addl Charge)		

Additional Insured's (if any) Use space provided below if custom wording or requirements are needed

<input type="checkbox"/> Additional Insured / <input type="checkbox"/> Loss Payee		
NAME _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
<input type="checkbox"/> Premises Owner <input type="checkbox"/> Rental House <input type="checkbox"/> City / Gov Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____		

<input type="checkbox"/> Additional Insured / <input type="checkbox"/> Loss Payee (use additional sheet if needed)		
NAME _____		
Mailing Address _____		
City _____	State _____	Zip Code _____
<input type="checkbox"/> Premises Owner <input type="checkbox"/> Rental House <input type="checkbox"/> City / Gov Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sponsor <input type="checkbox"/> Other _____		

***Please list any additional information that may be important or helpful:**

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AmRisk Insurance Services PO Box 6230 Scottsdale, AZ 85260 (602) 702-7600 Fax: (602) 992-8327 Website: www.AmRiskUSA.com Email: ballen@amriskusa.com			
Agent/Broker:		Date of Application	
Address:			
Contact:		Telephone Number:	
E-Mail		Fax Number:	

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I confirm that I have read and understand the individual state fraud notices which are a part of this application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties. . I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING

Applicant:	
Signature:	
Print Name:	
Title:	Date: