



# THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

## RODEO / SPECIAL EVENT APPLICATION \$1,000,000 / \$2,000,000 COMBINED SINGLE LIMIT

Named Insured \_\_\_\_\_

Event Manager(s) \_\_\_\_\_

Name of Rodeo \_\_\_\_\_

Stock Contractor \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Insured Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**Event Location Name & Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Name & Address of Premises Owner or additional Sanctioning Organization to be included as additional insured:

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Event Dates: Open \_\_\_\_\_ Close \_\_\_\_\_ Setup \_\_\_\_\_

Estimated Average Daily Attendance: Spectators \_\_\_\_\_ Number of Performances \_\_\_\_\_

Total Estimated Spectator Attendance for all days \_\_\_\_\_

RODEO EVENT	<input type="checkbox"/> Bull Riding	<input type="checkbox"/> Rough Stock	<input type="checkbox"/> Roping	<input type="checkbox"/> Barrel Racing
ACTIVITIES	<input type="checkbox"/> Parade	<input type="checkbox"/> Drill Team	<input type="checkbox"/> Cutting / Penning	<input type="checkbox"/> Concert
	<input type="checkbox"/> BBQ	<input type="checkbox"/> Other: _____		

Is your show recognized by?  PRCA  NHSRA  PBR  IPRA  NLBRA  CCPRA  
 NIRA  WPRA  PWBR  OTHER

# THE EQUESTRIAN GROUP

Have you ever had a liability claim in the last 3 years?  Yes  No

Will bleachers or grandstands be used?  Yes  No Seating Capacity \_\_\_\_\_

Portable  Permanent  Wood  Steel  Concrete  Back and side railings?  Yes  No

Arena Type: Portable  Permanent  Height of Panels \_\_\_\_\_

Is there a perimeter guard or barricade to protect spectators?  Yes  No

Are fences, barricades and pens adequate to confine animals and protect spectators?  Yes  No

Will there be fireworks display?  Yes  No If Yes, by Insured Independent Contractor?  Yes  No

Will there be amusement rides?  Yes  No If Yes, by Insured Independent Contractor?  Yes  No

Will alcoholic beverages be sold?  Yes  No If Yes, by Insured Independent Contractor?  Yes  No

Please contact us if you have any of these activities as the basic rodeo event policy does not provide coverage.

A signed release is required for each participant relieving you of liability. Will you comply with this requirement? Yes  No

Please attach a copy to this application. Visit [www.americanequestrian.com](http://www.americanequestrian.com) for guidelines and examples.

Does stock contractor carry insurance and will you obtain certificate? Yes  No

Will there be an EMT on premises during performances?  Yes  No

Please describe precautions and procedures in case of injury or medical emergency.

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Please list any law enforcement agency(s) involved with event or event security.

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Special event policies are written on a non-renewable policy. If the Company issues a policy, it will contain various exclusions including fireworks, assault or battery, mechanical amusement devices, athletic participants, Velcro or bungee jumping.

Include copy of promotional material, premium book, advertisement, brochures, website address and liability release or waiver.

# THE EQUESTRIAN GROUP

I/We hereby make application for association membership and participation sanctioning for the event(s) shown above. Enclosed is payment for dues, insurance and sanctioning fees with the American Equestrian Alliance / American Recreation & Entertainment Alliance. I/We agree to abide by its rules, regulations and bylaws. Membership begins January 1, or application and acceptance date if later and expires on December 31, of current year.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued or in effect and that the Company requires that I/We obtain certificates of insurance from independent contractors naming member and American Equestrian Alliance additional insured for coverage to remain in effect. I/We understand any policy issued will not provide Worker's Compensation, Property, Automobile or Care, Custody and Control coverage. The member/insured assigns as security for the total premium and/or fees payable any and all unearned premiums and dividends which may become payable. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary (not to exceed 50%).

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

**Participant Exclusion:** Injury to hunt, rodeo, racing, vaulting, driving, gymkhana, roping, penning, cutting, hurdling, steeplechase, jousting, polo or rodeo type event participants is not covered.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Producer Name & Number \_\_\_\_\_