



THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

Rodeo Stock Contractor Application

Contact Information

Name of Applicant:			
Address:			
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

Rodeo Association Affiliation	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> PRCA <input type="checkbox"/> NHSRA <input type="checkbox"/> BLBRA <input type="checkbox"/> CCPRA <input type="checkbox"/> PWBR <input type="checkbox"/> OTHER	<input type="checkbox"/> PBR <input type="checkbox"/> IPRA <input type="checkbox"/> NIRA <input type="checkbox"/> WPRA
Describe experience producing rodeo events	
Do you sub-contractor your stock to any other stock contractor? *Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you produce any rodeo or equestrian events? *Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have You Had Any Liability in the Past 5 years? If yes, please describe on separate sheet of paper	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant engaged in any other business or profession? *Describe	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payroll for stock contracting operations. Include W-2, 1099, casual and labor barter payments	\$
What are annual gross receipts from stock contracting activity?	\$

Event Details

How many rodeo event performances will you be providing contract stock to during the policy period?					
What is average Spectator Attendance Per Performance:					
What is Average Rodeo Participants Per Performance:					
Do you own any grandstands, portable seating or portable arenas? If Yes Check Below:	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<input type="checkbox"/> Grandstands <input type="checkbox"/> Portable Seating <input type="checkbox"/> Portable Arenas					
Do you conduct rodeo practices on your own property?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If YES please explain:					
Events will be: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors & Outdoors <input type="checkbox"/> Outdoors Partially Covered					
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					

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

Additional Insured / **Loss Payee**

NAME _____

Mailing Address _____

City _____ State _____ Zip Code _____

Premises Owner Rental House City / Gov Entity Individual Sponsor Other _____

Additional Insured / **Loss Payee** (use additional sheet if needed)

NAME _____

Mailing Address _____

City _____ State _____ Zip Code _____

Premises Owner Rental House City / Gov Entity Individual Sponsor Other _____

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

ALL OPERATIONS MUST BE DECLARED - DESCRIBE FULLY ANY OTHER EVENTS OR OPERATIONS NOT ALREADY MENTIONED IN THIS APPLICATION

NOTE: Coverage is not provided for injury to participants in horse races, rodeos, rodeo-type events, hunts, vaulting, and polo matches/practice.

PREVIOUS 3 YEARS CARRIER INFORMATION REQUIRED (IF NO PREVIOUS CARRIER, STATE NONE)

COMPANY	POLICY NUMBER	POLICY PERIOD	PREMIUM	NUMBER OF CLAIMS	LOSSES AND RESERVES

HAVE YOU HAD ANY LOSSES IN THE PAST FIVE (5) YEARS – IF YES, GIVE APPROXIMATE DATES AND EXPLANATIONS INCLUDING PAYMENTS MADE
 Yes No

HAVE YOU BEEN CANCELLED OR DENIED COVERAGE IN THE LAST THREE (3) YEARS – IF YES, PLEASE EXPLAIN
 Yes No

13880 N Northsight Blvd Ste C109 Scottsdale, AZ 85260

Website: www.eqgroup.com

602.992.1570

FAX 602.992.8327

Email: Entertainment@eqgroup.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: