



RODEO APPLICATION

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

GENERAL INFORMATION

Legal Name of Applicant:
dba (if applicable):
Website Address:
Contact Person: Title:
Mailing Address:
City: State: Zip:
Physical Address of Rodeo:
City: State: Zip:
Phone Number: Fax:
Effective Date: FEIN#: Email:
Number of Employees: Annual Payroll: \$ Number of Volunteers:
# of Years in Business? How many years under current management:
If present management is less than 3 years, please describe prior experience:

Ownership is: [ ] Not for profit corp [ ] For profit corp [ ] Other:
Any subsidiaries or other legal entities (501(c)4, etc.)? [ ] Yes [ ] No
If Yes, explain:
Do you provide employee benefits (health, 401k, pension trust fund, etc.)? [ ] Yes [ ] No

Additional Insureds

Name:
Address/City/State/Zip:
Please select one: [ ] Landowner [ ] Sponsor [ ] Other:
Name:
Address/City/State/Zip:
Please select one: [ ] Landowner [ ] Sponsor [ ] Other:

\*Attach separate list of Additional Insureds, if needed

NON-ROUGHSTOCK EVENT INFORMATION [ ] Coverage not requested
Roping/Penning/Cutting/Barrel Race/Shows/Sales

Type of Event/Show:
Location of Event/Show:
Date Insured(s) will assume control of the premises:
Event/Show Date(s):
Total Number of Days:
Operating Hours:
Approximate Attendance:



**ASSOCIATION / COMMITTEE / CLUB**  Coverage not requested

Do you own or rent any premises or have any events or an activity that requires annual coverage?

Yes  No If Yes, list all locations and activities that requires annual coverage:

Square footage of all owned or rented premises? \_\_\_\_\_

Number of members: \_\_\_\_\_

Are animals boarded on premises?  Yes  No

Number of stalls: # \_\_\_\_\_

Are these premises closed to members and public on non-event days?  Yes  No

Do the operations include any of the following?

Mechanical amusement rides **owned or operated by you**  Yes  No

Aircraft/Drones  Yes  No

Watercraft (including self-propelled – Canoes, Paddle Boats, etc.)  Yes  No

Fireworks discharged **by you other than rodeo entry or finale**  Yes  No

Skating at any permanent or temporary skating park or rink  Yes  No

Riding instructor  Yes  No

Hay or Sleigh Rides  Yes  No

Horses for Hire  Yes  No

Horse Racing  Yes  No

Pony Rides  Yes  No

Cattle Drives  Yes  No

Trail Rides-Guided  Yes  No

Trail Rides-Unguided  Yes  No

Camping/Lodging  Yes  No

Motorsports  Yes  No

Year round exposures not typical to a rodeo  Yes  No

Any "Yes" response to the questions above requires explanation:

Please indicate if the applicant engages in any other business operation under the name of the insured as it will appear on the policy.  Yes  No

If Yes, please explain: \_\_\_\_\_

**NON-OWNED / HIRED AUTO SUPPLEMENT**  Coverage not requested

Does your organization own or lease (long-term) any vehicles?  Yes  No

**If Yes, you must complete an Acord Business Auto application.**

**Non-Owned Vehicles**

Do employees or volunteers regularly use their autos for company business?  Yes  No

If Yes, explain: \_\_\_\_\_

Number of Volunteers (Driving Personal Autos): \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

**Hired Auto Liability**

Do you hire or rent vehicles during your rodeo?  Yes  No

If Yes, please describe vehicle types, estimated number, duration, and usage:

Are any vehicles provided/donated for your use as a part of a sponsorship or promotional agreement?

Yes  No If Yes, please include a copy of the agreement and describe vehicle types, estimated number, duration, and usage:

Do any of the hired, rented, provided, or donated vehicles' owners require you to provide primary liability?

Yes  No If Yes, please provide owner(s) name: \_\_\_\_\_

**Hired Auto Physical Damage**

What is the highest valued vehicle you rent, hire, borrow or is furnished to you? \$ \_\_\_\_\_

Estimated annual rental cost: \$ \_\_\_\_\_

Do you have vehicle return procedures in place to control dealer reported damages?  Yes  No  N/A

**LIQUOR LIABILITY**  Coverage not requested

**(Liquor Liability not available in the following states: (AL, DC, VT))**

Name Liquor License is in: \_\_\_\_\_

dba (if applicable): \_\_\_\_\_

Type of Liquor License: \_\_\_\_\_

Type(s) of alcoholic beverage sold: \_\_\_\_\_

**Prior Experience**

Has your liquor license ever been revoked or suspended?  Yes  No

Have you ever been fined by any alcohol regulatory agency?  Yes  No

Have you ever incurred a liquor liability claim?  Yes  No

Has your liquor liability insurance ever been cancelled or non-renewed?  Yes  No

Any "Yes" response requires explanation: \_\_\_\_\_

**Liquor Operations**

Anticipated gross liquor sales: \$ \_\_\_\_\_ Last year's gross sales: \$ \_\_\_\_\_

Who serves alcohol?  Employees/Volunteers  Charitable organizations  Other

If Other, please explain: \_\_\_\_\_

Are servers trained in alcohol awareness?  Yes  No

If No, please explain: \_\_\_\_\_

Are procedures and chain of authority established for refusing to serve?  Yes  No

If No, please explain: \_\_\_\_\_

Opening and closing hours of alcohol sales: Open: \_\_\_\_\_ Close: \_\_\_\_\_

If alcohol sales are not shut down at least 30 minutes prior to the premises closing, please explain:

\_\_\_\_\_

Please explain procedures for checking ID: \_\_\_\_\_

Describe limits on the number of beverages purchased at one time: \_\_\_\_\_

Are patrons allowed to carry alcoholic beverages onto premises?  Yes  No

If Yes, please explain:

\_\_\_\_\_

**Owned Equipment**

Please attach a separate schedule of owned equipment showing year, model, serial number and value.

**Rented, Hired or Borrowed Equipment\***

**\*Your commercial general liability policy specifically excludes property of others in your care, custody or control. Most rental contracts hold you responsible for damage to rented property. Your commercial general liability policy will not pay claims for damages to rented, hired or borrowed equipment.**

Do you rent, hire or borrow any equipment for the production of your event or other purposes?

Yes  No If Yes, please complete the following:

*List approximate # and total values for each checked item*

<input type="checkbox"/> Radios	# _____	\$ _____	<input type="checkbox"/> Phones	# _____	\$ _____
<input type="checkbox"/> Golf carts	# _____	\$ _____	<input type="checkbox"/> Tents	# _____	\$ _____
<input type="checkbox"/> Booths	# _____	\$ _____	<input type="checkbox"/> Portajohns	# _____	\$ _____
<input type="checkbox"/> Staging	# _____	\$ _____	<input type="checkbox"/> Sound equipment	# _____	\$ _____
<input type="checkbox"/> Lighting equipment	# _____	\$ _____	<input type="checkbox"/> Musical equipment	# _____	\$ _____
<input type="checkbox"/> Generators	# _____	\$ _____	<input type="checkbox"/> Trailers	# _____	\$ _____
<input type="checkbox"/> Other:	_____		<input type="checkbox"/>	# _____	\$ _____

**The above list is not all inclusive. Your specific event may utilize additional types of equipment not listed above. You should carefully review your individual exposure and contracts.**

What is the maximum value of any one item? \$ \_\_\_\_\_

What is the maximum value of **all** rented/hired/borrowed equipment in your possession at **any one time** for which you are responsible? \$ \_\_\_\_\_

Is any equipment rented, furnished or provided to you **with** operators?  Yes  No

If Yes, do you secure a certificate of insurance naming your organization as additional insured?

Yes  No If No, please explain: \_\_\_\_\_

## TERRORISM COVERAGE

**Terrorism Coverage Requested (select one)**    Yes    No

**See TRIA Policyholder Disclosure Notice below. \* Coverage is available for Certified Acts of Terrorism as provided by the Terrorism Risk Insurance Act of 2002.**

TRIA Costs are approximately \$1.00 for every \$250 in premium. If you wish to purchase, call for firm quote. The portion of your annual premium that would be attributable to this coverage, if you select it, is estimated above in the application, and will be specified in your quote. This premium does not include any charges for the portion of losses covered by the United States government under the Act.

### **TRIA POLICYHOLDER DISCLOSURE NOTICE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015, 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017, 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

## FRAUD STATEMENTS

### **GENERAL STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA, and WV.)

### **APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

### **APPLICABLE IN COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

### **APPLICABLE IN FLORIDA and OKLAHOMA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

### **APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

### **APPLICABLE IN PUERTO RICO**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



**SIGNATURE / NOTICES**

Legal Name of Applicant: \_\_\_\_\_

dba (if applicable): \_\_\_\_\_

I understand this application does not bind coverage, and I hereby certify that the information provided is true and correct. I understand any misrepresentation of the facts provided herein may cause the policy to be canceled or coverage to be denied.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agent

**BROKER INFORMATION**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

## REMINDERS

**Did you remember to include:**

- Minimum 3 years loss history (currently valued)
- Schedule of events/program/brochure
- Standard athletic participant waiver
- List of Additional Insureds required and relationship
- Schedule of owned equipment (if Inland Marine coverage desired)