



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:
Per Day Attendance:
Total Event Attendance:

RODEO / ROUGHSTOCK EVENT INFORMATION Coverage not requested
 Events that include bucking stock- saddle bronc, bareback bronc, and bull riding

Name of Rodeo: _____

Stock Contractor: _____

Address: _____

Name of Rodeo Association:

<input type="checkbox"/> PRCA	<input type="checkbox"/> IPRA	<input type="checkbox"/> NIRA	<input type="checkbox"/> NLBRA	<input type="checkbox"/> WPRA
<input type="checkbox"/> PBR	<input type="checkbox"/> CCPRA	<input type="checkbox"/> NHSRA	<input type="checkbox"/> Other:	

Name of Rodeo Premises: _____

Rodeo Premises Exact Address: _____

Name and Address of Holding Pen (if different from Rodeo Premises):

Date(s) Insured(s) will assume control of Rodeo Premises: _____

Number of Rodeo Performances: _____ Dates: _____ Slack Dates: _____

Type of insurance requested (see below): Full Rodeo Liability* Stock Contractor Liability Only*

Estimated Average Attendance per Performance: _____

Arena Type: Permanent Temporary

Height of Rodeo Arena Panel: _____

Activities other than Rodeo Performances:

	Dates	Est. Attendance	Location
<input type="checkbox"/> Dance	_____	_____	_____
<input type="checkbox"/> Queen Contest	_____	_____	_____
<input type="checkbox"/> Barbecue/Dinner	_____	_____	_____
<input type="checkbox"/> Music Concert	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> Parades**	_____	_____	_____

**If Yes on Parades, are souvenirs or other items allowed to be thrown to the spectators: Yes No

* **FULL RODEO LIABILITY**
 When Full Rodeo liability is purchased the Rodeo Committee and the Stock Contractor can be Additional Insureds. Also landowners, sponsors, and sanctioning organizations may be covered as Additional Insureds.

STOCK CONTRACTOR ONLY LIABILITY
 Stock Contractor Only coverage is intended to cover stock contractors when they are not covered under the rodeo committee policy. If the stock contractor is also acting as the rodeo committee/or producer, Full Rodeo coverage must be purchased. Additional Insureds are not allowed under Stock Contractor Only coverage.

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 any members youth under 18 years old? Yes No

If Yes, % under 18 _____ Minimum age 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: (DC, VT))

Name Liquor License is in: _____

If not named insured, explain: _____

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

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are here by 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 EFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDINGTHE 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.

Acceptance or Rejection of Terrorism Insurance Coverage

I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

ACE American Insurance Company (CHUBB)

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

Insured

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 5 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)