



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: _____ 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: _____

Additional Insureds

Name: _____

Address/City/State/Zip: _____

Please select one: Landowner Sponsor Other: _____

Name: _____

Address/City/State/Zip: _____

Please select one: Landowner Sponsor Other: _____

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: _____

Per Day 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: _____

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.**

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	_____	_____	_____

**If Yes on Other, explain: _____

Parades** _____

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

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? _____

If the premises is owned, do you have grand stands? Yes No

If yes, describe maintenance: _____

Number of members: _____

Are any members youth under 18 years old? Yes No

If Yes, % under 18 _____ Minimum age of members? _____

Describe member activities: _____

Are all members required to sign a waiver release form? If yes, please include waiver. Yes No

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?

Jumping or Vaulting Yes No

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

Aircraft/Drones, 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

If yes, is there student accident insurance? Yes No

Hay or Sleigh Rides Yes No

If yes, are they on public roads? Yes No

Horses for Hire Yes No

Horse Racing Yes No

Pony Rides Yes No

Cattle Drives Yes No

Commercial Trail Rides-Guided (Horses for Lease) Yes No

If yes, are waivers required? Yes No

Trail Rides-Unguided (Member Only) Yes No

Commercial for Profit Camping/Lodging Yes No

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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

NOTE: Auto not available in HI, LA, and NJ

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

Illinois Union (Washington Only)

Policyholder/Applicant's Signature
Company

Insurance

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 and 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 stated value of the claim of each such violation). (Not applicable in AL, CA, CO, DC, FL, KY, LA, MD, ME, NM, NY, OH, OK, PA, RI, TN, VA, WA, WV.)

APPLICABLE IN AL, LA, MD, RI and WV

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

APPLICABLE IN CA

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN CO

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 policyholder 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 DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FL

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 of the third degree.

APPLICABLE IN KY

1. Any person who knowingly and with intent to defraud any insurance company or other person files and 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.
2. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim 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.

APPLICABLE IN ME, TN, VA, and WA

FRAUD STATEMENTS

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 NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the state values of the claim for each such violation.

APPLICABLE IN OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

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 present 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 of Applicant

Date

SIGNATURE / NOTICES

NEW BUSINESS ONLY

Is this a new event with no prior insurance? Yes No

If you have had insurance, please provide 5-year loss runs.

Has prior insurance been cancelled or non-renewed by the carrier? (Not applicable in Missouri) Yes No

If Yes, explain why:

If you have produced this event without insurance, please explain why and have you had any losses:

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)
- Copy of current liability policy