

James Stafford Insurance Agency
 1562 NW Access Rd. | Mount Vernon, TX 75457
 (903) 537-2819 or Toll Free 1-888-869-4904
 Fax: 1-888-475-4437
 Email: webmaster@insurance-online-texas.com

Your Specialty Insurance Professionals

www.insurance-online-texas.com

Rodeo Special Event Application

Answer all questions.

If they do not apply, indicate "not applicable."

Applicant's name _____

Form of Organization _____ Corp _____ Partn _____ Other _____

Mailing address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Event location _____

Proposed policy effective date from _____ to _____

Include set-up or takedown time.

Number of Events _____

Date of Events _____

Type of Events _____

LIMITS OF LIABILITY REQUESTED

	Each Occurrence	Aggregate	Deductible
Combined single limit	,000	,000	

1. Estimated attendance _____
 Maximum capacity at event location _____

2. Gross receipts from admissions \$ _____

3. Gross receipts from concessions \$ _____
 Describe the concession offered _____

4. Event will be held
 Indoors: Reserved seating _____ %
 General Admission _____ %

Outdoors - Have local health department codes been determined regarding restroom facilities?
 yes no

Have arrangements been made to comply with such Codes?
 yes no

5. Crowd control; number of _____

Private security _____
 Off duty police _____
 Guard dogs _____

If private security, are certificates of insurance required? Please provide a copy.
 yes no

6. Are parking lots provided or maintained by the applicant? (describe) _____

7. Are bleachers or platforms on the premise?
 yes no
 Are they Portable or Permanent?
 Back and side railing provided? yes no
 Construction wood steel concrete
 Height _____ feet Age _____ years

8. Is liquor served or sold by the insured? yes no
 Coverage for liquor liability is subject to approval by the Company.

9. Is liquor served or sold by others? yes no
 Do they have their own liquor law coverage?
 yes no Provide evidence of coverage.

10. Will first-aid facilities be provided by applicant?
 yes no

If yes, who will be in charge of facilities?
 Doctors Nurses

Other _____

11. Are animals kept on the premises? _____
 Describe or submit a drawing of the location of the holding pens, chutes, fencing and how animals are moved from the holding area to the event area.

12. Do you have certificates of insurance from operators including stock contractors?
 yes no

13. Does applicant agree to hold harmless any third party?
 yes no

If yes, attach a copy of the contract.

Is applicant held harmless by others? yes no

Who? _____

Is a waiver/release of liability utilized? Submit a copy. (mandatory)

14. Are other activities planned as part of this event?

Parade yes no

Dance yes no

Concert yes no

It is condition of binding that an acceptable Release of Liability be submitted to and approved by the company prior to the event and that all participants sign such form prior to their event.*

15. Is Participant Legal Liability coverage required?

Limit \$ _____

16. Describe or list any mechanical devices on the premises such as coin operated rides or mechanical bulls. _____

*Participant means anyone granted authorized access to enter any restricted area(s). Restricted area(s) shall include but not be limited to rodeo arena(s), livestock holding pens, chutes, judges/officials boxes, announcers booth or staging areas.

16. Attach a three (3) year claims summary. Company Loss Runs are preferred.

This application does not bind the applicant or the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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

Date

Applicant's signature

IMPORTANT: It is agreed and understood that liquor liability insurance coverage is not a part of this application nor a part of any issued policy.

Date

Applicant's Signature

James Stafford Insurance Agency

Agency/Producer Name

Applicant's Title

Agency No. STAJ09