

TULIP - RODEO INSURANCE PROGRAM

1. Name of Applicant/Named Insureds: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No: _____ Fax No: _____

4. Describe Event:

5. Location of Event: (Full Address)

6. Effective Date: _____ Time: _____ A.M. P.M.

Expiry Date: _____ Time: _____ A.M. P.M.

7. Please provide the following information about Daily Activities and Estimated Attendance:

	MAIN ACTIVITY	ESTIMATE ATTENDANCE	OTHER ACTIVITIES	TOTAL ATTENDANCE
Day 1	_____	_____	_____	_____
Day 2	_____	_____	_____	_____
Day 3	_____	_____	_____	_____

8. Does the stock have coverage in place? Yes No

9. Do all participants sign waivers? Yes No

10. Do all participants have their own insurance in place? Yes No

11. Who is providing food and/or drink or other? (Name)

12. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession:

13. If other than the Applicant, is a Certificate of Insurance provided? Yes No

Name of Insurer: _____

14. Will there be alcohol served at any of the activities? Yes No

****If yes, then please fill out our Host Liquor Supplement****

15. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured: _____

16. What is your experience producing this type of event?

17. Will any grandstands or bleachers be used? Yes No If yes, confirm the construction:

Capacity: _____ General Condition: _____

18. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation:

19. General Comments:

20. Has any company declined or cancelled any coverage? Yes No If so, please provide detail:

21. Previous Carrier: _____

Premium: _____

22. Limits Requested (Check one): 1 Million 2 Million 5 Million Other _____

23. Loss History:

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

Applicant's Signature

Position

Print Name

Date

HOST LIQUOR SUPPLEMENTAL APPLICATION TO RODEO INSURANCE PROGRAM

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Type of Host Liquor function: _____
3. Name and Address of Permit Holder (Insured): _____
4. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
5. From - Date: _____ Time: _____ A.M. P.M.
To - Date: _____ Time: _____ A.M. P.M.
6. Number of people at Host Liquor function: _____
7. Location of Host Liquor function: _____
8. Limit of Host Liquor Liability (Check One): 1 Million 2 Million
9. Who is designated to handle the following:
A) Impaired patrons who arrive at your function _____
B) Patrons who have become visibly impaired at your function _____
C) Patrons who fight _____
D) Patrons who become disruptive and abusive _____
E) Patrons who are obviously impaired who leave your function (Alone) _____
10. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured: _____

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING SERVED AT YOUR EVENT****