K&K INSURANCE

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CA #0334819

RODEO EVENT LIABILITY QUESTIONNAIRE

(To be completed to consider coverage under the CGL policy)

The following information must be provided to properly underwrite rodeo activities at your facility:

1. **Name of rodeo promoter/company/stock contractor:** _____

   _____

   A. Does the rodeo sign a contract holding you harmless with respect to claims
      arising from the rodeo operation or the escape of rodeo stock? ❐ Yes   ❐ No
   B. Does the rodeo provide a certificate of insurance naming you as an additional insured? ❐ Yes   ❐ No
   C. Does the rodeo board the stock at your facility overnight? ❐ Yes   ❐ No
   D. Are the transfer areas between the animal pens/stalls and rodeo competition area
      restricted from the general public? ❐ Yes   ❐ No

2. **Rodeo Dates(s):** _____

   A. Estimated spectator attendance: _____
      (Note: Rodeo participants are excluded from coverage)

3. **Facility/Location Address:** _____

   _____

4. **Rodeo Arena Facility Specifics** (Check one)

   A. ❐ Indoors   ❐ Outdoors

   B. ❐ Permanent   ❐ Temporary

5. **Arena Fence/Barrier Construction** (Check one)

   ❐ Metal Scaffolding

   ❐ Wood Post & Plank

   ❐ Metal Gating

   ❐ Other (Describe in detail): _____

6. **Spectator Seating** (Check one)

   ❐ Grandstand Age: _____ Construction: _____ Seating Capacity: _____

   ❐ Temporary Bleachers Age: _____ Construction: _____ Seating Capacity: _____

   IMPORTANT: COMPLETE A DETAILED DIAGRAM OF THE RODEO EVENT SITE/ARENA INCLUDING SPECTATOR VIEWING AREAS, RESTRICTED AREAS, COMPETITION AREA, BARRIER FENCING AND DISTANCES BETWEEN COMPETITION AREA AND THE NEAREST SPECTATOR SEATING.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

_____   _____
Applicant's Signature   Producer's Signature (if applicable)

_____   _____
Applicant's Name (print)   Producer's Name (print)

_____   _____
Date (MM/DD/YY)   Date (MM/DD/YY)