

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Livestock Related Exposures Supplemental Application (Including, Rodeo Or Other Special Events, Auctions, Stock Yards.)

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Experience of management and staff: _____

2. Complete description of seating area, including path of participating animals and distance to spectator area:

Permanent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chairs: <input type="checkbox"/> Yes <input type="checkbox"/> No
Top Rail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bleachers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspected daily? <input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum height: _____

3. Does applicant allow general public to access the "Corral Area"? Yes No

Is the "Corral Area" clearly marked to prevent spectators from entering? Yes No

Are signs posted in the "Corral Area" with rules, age and alcohol restrictions? Yes No

Is security provided in the "Corral Area" area to enforce these restrictions? Yes No

4. Are there adequate first aid facilities/services on premises? Yes No

Explain. _____

5. Is the facility set up for night time operations? Yes No

If yes, describe (lighting etc.). _____

6. Are there any special promotional activities scheduled during the event (e.g., mutton busting, calf tag or roping or any other contests or competitions)? Yes No

If yes, describe: _____

UNDERWRITING INFORMATION (Continued)

7. Is Security provided for the event? Yes No
 If yes, describe: _____
8. Are all participants required to:
- | | |
|--|--|
| Meet age requirements <input type="checkbox"/> Yes <input type="checkbox"/> No | Sign waiver w/hold harmless <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive published rules <input type="checkbox"/> Yes <input type="checkbox"/> No | Wear protective clothing <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Submit to safety inspection <input type="checkbox"/> Yes <input type="checkbox"/> No | Carry own insurance <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attend an orientation meeting prior to the event? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
9. How long are animals kept on premises? _____
10. Will applicant deliver animals that have been sold? Yes No
11. Does applicant provide employees to load or unload animals? Yes No
 Is Workers Compensation coverage in force for these individuals? Yes No
 If yes, provide carrier, policy # and term _____
12. Does applicant use any "casual labor"? Yes No
13. Are all stock contractors required to provide evidence of own insurance? Yes No
14. Do you operate any concessions from the premises? Yes No
 If yes describe. _____
15. Is alcohol permitted on the premises? Yes No
 If yes, under what restrictions? _____
16. Is alcohol permitted in the "Corral Area"? Yes No
 Other (Describe): _____
17. List / describe all activities the premises will be used for. (seasonal use? How used during off season?) _____

Attach

- A copy of the Waiver and Hold Harmless documents for Company review.
- A copy of the List of Rules provided to each participant.
- A diagram of the facility area.

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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 fines and confinement in prison.

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 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.

Florida: 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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, 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.

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

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: 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 stated value of the claim for each such violation.

Oklahoma 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.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date