



Rodeo Liability Program 2022-2023 Rates

NAMED INSURED

Certificate Required

| | |
|------------------------------|-------------------|
| Host Institution and Region: | |
| Mailing Address: | |
| Attention of: | Phone/Fax Number: |
| Email Address: | |

| | |
|-------------------|--|
| Stock Contractor: | |
| Address: | |
| Attention of: | |

ADDITIONAL INSUREDS:

| | |
|--|--|
| Name: | |
| Address: | |
| Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other: | |

| | |
|--|--|
| Name: | |
| Address: | |
| Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other: | |

| | | |
|--|-------------------------------|--------------|
| NAME OF RODEO: | | |
| NAME OF RODEO ARENA & EXACT ADDRESS: | | |
| NAME AND ADDRESS OF HOLDING PENS (if different from rodeo premises): | | |
| Date Host Institution will assume control of the scheduled rodeo premises to set up chutes, etc: | | |
| PERFORMANCE DATES: | Total Number of Performances: | SLACK DATES: |

\$1,000,000 Limit – Rate \$397 x _____ Performances = \$ _____

NOTE: Coverage available for Certified acts of Terrorism as provided by the Terrorism Risk Insurance Act of 2002. Please call for rates. This is a brief description of coverage afforded by this program. Please call WSI for details.

PAYMENT OPTIONS:

Mail check payable to: **Western Specialty Insurors LLC
1116 Remington Plaza; Suite C
Raymore, MO 64083**

OR

Electronic Fund Transfer: **Complete Application & ACH Form and email to:
pmedcalf@rodeoins.com**

Name of Requesting Party: _____ Date: _____
Title of Requesting Party: _____

Effective 9/1/2022

NIRA ACH Debit Form

Name on Account: _____

Routing No. _____ Checking Account No. _____

Amount of withdrawal \$ _____

I hereby request payment of insurance premium through electronic withdrawal. I authorize Western Specialty Insurors LLC to draw electronic funds for the purpose of paying said payment.

Person authorizing payment (please print)

Signature

Date