



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:
dwentworth@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