



**NATIONAL INTERCOLLEGIATE
RODEO ASSOCIATION
Rodeo Liability Program
2023-2024 Rates**



**Certificate
Required**

NAMED INSURED

Host Institution and Region:	
Mailing Address:	City, State, Zip
Attention of:	Phone Number:
Email Address:	

STOCK CONTRACTOR

Name:	
Address:	City, State, Zip

ADDITIONAL INSUREDS

Name:	
Address:	City, State, Zip
Above Additional Insured is the:	Landowner Sponsor Rodeo Committee Other:

Name:	
Address:	City, State, Zip
Above Additional Insured is the:	Landowner Sponsor Rodeo Committee Other:

RODEO INFORMATION

Name of Rodeo:
Name of Rodeo Arena & EXACT Address:
Name & Address of Holding Pens:
Date franchise will assume control of the scheduled rodeo premises to set up:
PERFORMANCE DATES:
TOTAL NUMBER OF PERFORMANCES:
SLACK DATES:

\$1,000,000 Limit – Rate is \$416.00 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.

Make Checks payable to: **Western Specialty Insurers**
1116 Remington Plaza, Suite C
Raymore, MO 64083

Electronic Fund Transfer: Complete Application and ACH Form and email to: dwentworth@rodeoins.com

Name of Requesting Party: _____ Date: _____

Title of Requesting Party: _____

* **Effective 9/1/2023 Rates are valid until 9/1/2024**

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 Insurers LLC to draw electronic funds for the purpose of paying said payments.

Person Authorizing payment (Please print)

Signature

Date: