



**NATIONAL INTERCOLLEGIATE  
RODEO ASSOCIATION  
Rodeo Liability Program  
2024-2025**



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:
Rodeo Arena Name & EXACT Address:
Name & Address of Holding Pens:
Date franchise will assume control of the scheduled rodeo premises to set up:

Event Type	Per Day Charge	Event Dates	# of Event Days	Premium
Rodeo (\$1,000,000 limit)	\$429.00			
Rodeo Slack (Please add dates)	INCL		N/A	N/A
Cutting/Reined Cow horse <small>(NOT held on Rodeo Performance Date)</small>	\$118.00			
Jackpot Roping/ Barrel Race/Fundraisers/Clinics/Dances <small>(NOT held on Rodeo Performance Dates)</small>	\$118.00			
TOTAL DUE				

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	<b>Western Specialty Insurers</b> 1116 Remington Plaza, Suite C Raymore, MO 64083
Electronic Fund	Complete Application and ACH Form and email to: <a href="mailto:dwentworth@rodeoins.com">dwentworth@rodeoins.com</a>
Name of Requesting Party:	_____ Date: _____
Title of Requesting Party:	_____
<b>* Effective 9/1/2024 Rates are valid until 9/1/2025</b>	

## 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 payments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

\_\_\_\_\_  
Person Authorizing payment (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: