

Rodeo Supplement

Please complete this form and return it with a completed Commercial Equine, Farm, or Club Application.

This supplement is for cattle and livestock events including but not limited to team penning, calf roping, bronc riding & bull riding.

If event is being held on a non-owned premises, photos must be submitted showing fencing, chutes & arena conditions. Participants coverage for bodily injury or property damage is excluded from this policy.

A	pplicant's Name:					
Mailing Address:		City:	City:		State: Zip:	
N	ebsite address:					
	Event Type	Name of Event	Dates of Event	Total Number of Participants Per Day	Maximum # of Spectators Per Day	
1.	 b. Name of Rodeo Contractor: c. Is the contractor a(n): Corporation; Individual; Joint Venture; Limited Liability Company; Partnership; Organization 					
 d. Number of years experience as a rodeo contractor: e. Certificate of insurance attached? □ Yes □ No Please provide a certificate of insurance for the rodeo contractor through an admitted "A" Rated carrier with liability (Application is subject to denial if the applicant is using rodeo contractors without insurance.) 					its same as applican	
2.	 a. Who provides the cattle for the rodeo? Applicant Rodeo Contractor Other: b. Who is responsible for the handling and care, custody and control of all animals before, during and after the event? Applicant; Rodeo Contractor; Other: 					
3.	-	re pens and fencing: 🗅 temporary or 🗅 permanent temporary, describe type:				
4.	Please describe safety rules and plans for crowd control (including parking) and provide a diagram of the facility and parking area:					
	Are all horses and livestock areas 🗅 fenced or 🗅 roped off from the public? 🔹 Yes 🗅 No Please describe all events taking place during rodeo and any other events taking place at the same location during the rodeo:					
7.	 a. Any concession stands? Yes No If yes, who operates? Applicant ; Independent Vendors*; Other*: b. Is alcohol available for guest consumption**? Check all that apply: beer; I liquor; wine Receipts: \$ Yes No c. Can guest bring their own alcohol? Yes No d. Does applicant have: Ansul Systems Commercial Grill System Deep Fat Fryers e. Certificate of insurance attached? Yes No *Please provide a certificate of insurance through an admitted "A" Rated carrier with liability limits same as applicant. ** Provide a certificate of insurance providing proof of liquor liability coverage with an admitted "A" rated carrier with liability limits same as applicant. 					
8.	Does applicant have an	y brochures or handouts?	yes, please submit a copy.)			

This supplement must be approved by Markel Insurance Company prior to coverage being bound. This supplement becomes part of your application and must be signed and dated.

Applicant's Signature