SPECIAL RISK
INSURANCE MANAGERS

Please send completed application to submissions@srim.ca
Toll Free 800 993 6388 | Fax 604 888 1008 | WWW.SRIM.CA

RODEO APPLICATION

1. Name of Applicant/Named Insureds: _____

2. Mailing Address: _____

3. Contact Name: _____ Phone No: _____ Fax No: _____

4. Describe Event:

5. Location of Event: (Full Address)

6. Effective Date: _____ Time: _____ ☐ A.M. ☐ P.M.

   Expiry Date: _____ Time: _____ ☐ A.M. ☐ P.M.

7. Please provide the following information about Daily Activities and Estimated Attendance:

	MAIN ACTIVITY	ESTIMATE ATTENDANCE	OTHER ACTIVITIES	TOTAL ATTENDANCE
Day 1				
Day 2				
Day 3				

8. Does the stock have coverage in place? ☐ Yes ☐ No

9. Do all participants sign waivers? ☐ Yes ☐ No

10. Do all participants have their own insurance in place? ☐ Yes ☐ No

11. Who is providing food and/or drink or other? (Name)

12. If Products coverage is desired for food served or for concession stands, please indicate kind of food served, by whom and type of concession:

13. If other than the Applicant, is a Certificate of Insurance provided? ☐ Yes ☐ No

    Name of Insurer: _____

14. Will there be alcohol served at any of the activities? ☐ Yes ☐ No
    ****If yes, then please fill out our Host Liquor Supplement****

15. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured: _____

16. What is your experience producing this type of event?

17. Will any grandstands or bleachers be used? ☐ Yes ☐ No If yes, confirm the construction:

Capacity: _____ General Condition: _____

18. Describe safety measures, i.e., parking, traffic, security, supervision, first aid, evacuation:

19. General Comments:

20. Has any company declined or cancelled any coverage? ☐ Yes ☐ No If so, please provide detail:

21. Previous Carrier: _____

Premium: _____

22. Limits Requested (Check one): ☐ 1 Million ☐ 2 Million ☐ 5 Million ☐ Other _____

23. Target Premium (if known): _____

24. Loss History:

Please note that this is an application only. It does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and applicant warrants information provided.

_____ _____

Applicant's Signature Position

_____ _____

Print Name Date

HOST LIQUOR SUPPLEMENTAL APPLICATION TO RODEO PROGRAM

To be completed if Host Liquor coverage is requested for your event.

1. Name of Applicant/Named Insureds: _____
2. Type of Host Liquor function: _____
3. Name and Address of Permit Holder (Insured): _____
4. Liquor License Board Permit No. and Capacity applied for (# of patrons): _____
5. From - Date: _____ Time: _____ ☐ A.M. ☐ P.M.

   To - Date: _____ Time: _____ ☐ A.M. ☐ P.M.
6. Number of people at Host Liquor function: _____
7. Location of Host Liquor function: _____
8. Limit of Host Liquor Liability (Check One): ☐ 1 Million ☐ 2 Million
9. Who is designated to handle the following:

   A) Impaired patrons who arrive at your function _____

   B) Patrons who have become visibly impaired at your function _____

   C) Patrons who fight _____

   D) Patrons who become disruptive and abusive _____

   E) Patrons who are obviously impaired who leave your function (Alone) _____
10. If third party is responsible for liquor, confirm there is a legal liability policy in force and a certificate issued with the applicant named as additional insured: _____

****PLEASE NOTE: THIS APPLICATION TO BE USED ONLY IN CONJUNCTION WITH TULIP SPECIAL EVENTS LIABILITY INSURANCE APPLICATION AND MUST ACCOMPANY SUCH WHEN LIQUOR IS BEING SERVED AT YOUR EVENT****