



Rodeo Supplement

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784 Website: www.horseinsurance.com Email: agapplications@markelcorp.com

Complete this form & return it to Markel with a completed Commercial Equine, Farm, or Club Application. This supplement is for cattle & 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.

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Event Type	Name of Event	Dates of Event	Total Number of Participants Per Day	Maximum # of Spectators Per Day

1. a. Does applicant use a Rodeo Contractor? Yes No
 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
Provide a certificate of insurance for the rodeo contractor through an admitted "A" Rated carrier with liability limits same as applicant. (Application is subject to denial if applicant is using rodeo contractors without insurance.)
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. a. Are pens and fencing: temporary or permanent
 b. If temporary, describe type: _____
4. Describe safety rules and plans for crowd control (including parking) and provide a diagram of the facility and parking area: _____

5. Are all horses and livestock areas fenced or roped off from the public? Yes No
6. 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 Who operates? Applicant; Independent Vendors*; Other*: _____
 b. Is alcohol available for guest consumption**? Yes No
 Check all that apply: beer; liquor; wine Receipts: \$ _____
 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
8. Does applicant have any brochures or handouts? Yes No (If yes, submit a copy.)

* 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.

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: _____ Date: _____

Broker's Signature: _____ Date: _____