



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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Livestock Related Exposures Supplemental Application

(Including, Rodeo Or Other Special Events, Auctions, Stock Yards.)

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Agent

Applicant Mailing Address Applicant's Phone Number

Web Address

Inspection Contact

Proposed Policy Period to Phone Number for Inspection Contact

Applicant is Individual Partnership Corporation Joint Venture Other

Location #1

Location #2

Location #3

UNDERWRITING INFORMATION

1. Experience of management and staff:

2. Complete description of seating area, including path of participating animals and distance to spectator area:

Permanent: Yes No Chairs: Yes No
Top Rail: Yes No Bleachers: Yes No
Inspected daily? Yes No Maximum height:

3. Does applicant allow general public to access the "Corral Area"? Yes No

Is the "Corral Area" clearly marked to prevent spectators from entering? Yes No

Are signs posted in the "Corral Area" with rules, age and alcohol restrictions? Yes No

Is security provided in the "Corral Area" area to enforce these restrictions? Yes No

4. Are there adequate first aid facilities/services on premises? Yes No

Explain:

5. Is the facility set up for night time operations? Yes No

If yes, describe (lighting etc.):

6. Are there any special promotional activities scheduled during the event (e.g., mutton busting, calf tag or roping or any other contests or competitions)? Yes No

If yes, describe:

**UNDERWRITING INFORMATION (Continued)**

7. Is Security provided for the event? .....  Yes  No  
 If yes, describe: \_\_\_\_\_
8. Are all participants required to:
- |   |  |                                   |  |
|---|--|-----------------------------------|--|
| Meet age requirements .....                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sign waiver w/hold harmless ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receive published rules .....                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Wear protective clothing.....     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Submit to safety inspection .....                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Carry own insurance .....         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Attend an orientation meeting prior to the event? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |  |
9. How long are animals kept on premises? \_\_\_\_\_
10. Will applicant deliver animals that have been sold? .....  Yes  No
11. Does applicant provide employees to load or unload animals? .....  Yes  No  
 Is Workers Compensation coverage in force for these individuals? .....  Yes  No  
 If yes, provide carrier, policy # and term \_\_\_\_\_
12. Does applicant use any "casual labor"? .....  Yes  No
13. Are all stock contractors required to provide evidence of own insurance? .....  Yes  No
14. Do you operate any concessions from the premises? .....  Yes  No  
 If yes describe: \_\_\_\_\_
15. Is alcohol permitted on the premises? .....  Yes  No  
 If yes, under what restrictions? \_\_\_\_\_
16. Is alcohol permitted in the "Corral Area"? .....  Yes  No  
 Other (Describe): \_\_\_\_\_
17. List / describe all activities the premises will be used for. (seasonal use? How used during off season?) \_\_\_\_\_

**Attach**

- A copy of the Waiver and Hold Harmless documents for Company review.
- A copy of the List of Rules provided to each participant.
- A diagram of the facility area.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature	Date	Applicant's Signature	Date
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**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.