



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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Mechanical Bull Supplemental Application

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

All questions must be answered in full, 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 - PHYSICAL DESCRIPTION

- 1. Does device have an emergency shut off?
2. Is the unit equipped with variable speed controls?
3. Are employees trained in operation and safety?
4. Minimum ceiling clearance of 12 ft or more?
5. Minimum arena fence clearance of 20 ft or more?
6. Minimum floor padding of 18 inches or more?
a. Covering consists of high density foam (canvas or other material to provide smooth surface):
b. Covering consists of canvas air mattress:
7. Is base of unit completely covered with padding?
Other:

8. Attach a copy of the Waiver of Liability/Riders release form for our review. This release must include a hold harmless agreement and outline all terms and conditions which the participant agrees to follow. Bilingual language is preferred (English/Spanish).

- a. Do you check Photo ID to verify same individual and age?
b. Are all waivers signed in the presence of an employee?
c. Does employee verbally ask about pre-existing injuries?

UNDERWRITING INFORMATION - PHYSICAL DESCRIPTION (Continued)

9. Provide a complete list of venues in which you will operate the ride. Check all that apply.
- a. Bars or Taverns Yes No
 - b. Special Events Yes No
 - c. Private Parties Yes No
 - d. Rodeo Circuit Yes No
 - e. Fairgrounds or similar exposure Yes No
 - f. Other _____ Yes No
10. Are Signs clearly posted in a conspicuous location?..... Yes No

Signs include language pertaining to the following restrictions. Bilingual warnings are preferred (English/Spanish).
Provide photograph of signs containing verbiage for review.

- a. Participants are required to sign a waiver of liability before participating in any event or activity.
 - b. No one under the age of 18 is allowed to participate without the presence of their parent or legal guardian. Waiver of liability must be signed by parent or legal guardian in order to participate.
 - c. Rider is participating at their own risk and the operator is not liable for any accident or injury to any person regardless of how caused.
 - d. Individuals with pre-existing medical conditions, back, leg, neck, or arm injuries or are pregnant are not permitted to ride.
 - e. Employees are not responsible for determining the physical ability of the participant – Riders do so at their own risk.
 - f. Participant may request the ride be stopped at any time.
11. Are all attendants, supervisors or monitors at least 19 years of age? Yes No
 If no, explain: _____
12. Number of attendants supervising the unit any one time? _____
13. Are all rules and regulations strictly enforced? Yes No
14. Are employees instructed to enforce all rules and regulations even if it means ejection of a participant from the ride or refusal of service? Yes No
15. Provide a breakdown in your gross sales for the following. If separate records are not kept, include all sales in the ride sales.
- a. Ride gross sales \$ _____
 - b. Photo or videotape \$ _____
 - c. Souvenirs \$ _____
 - d. Clothing or similar items \$ _____
16. Any other amusement rides or devices operated on premises? Yes No
 If yes, explain. _____

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

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.