



Specialty Program Insurers

Spectator Liability Program
2009 Rates

Applicable For States: HI, MO, NE, NH ND, OH, SD, WV

NAMED INSURED:

(1) Host Institution and Region:
Mailing Address:
Attention of: Phone/Fax Number:

Certificate Required:

checkbox

(2) Stock Contractor:
Address:
Attention of:

checkbox

ADDITIONAL INSUREDS:

(1) Name:
Address:
Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other:

checkbox

(2) Name:
Address:
Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other:

checkbox

NAME OF RODEO:
NAME OF RODEO ARENA & EXACT ADDRESS:
NAME AND ADDRESS OF HOLDING PENS (if different from rodeo premises):
Date Host Institution will assume control of the scheduled rodeo premises to set up chutes, etc:
PERFORMANCE DATES: Total Number of Performances: SLACK DATES

PREMIUM CALCULATIONS FOR HOST INSTITUTION ONLY: Please include an additional \$10.00 to your total amount for NIRA handling fee.
LIMIT OF LIABILITY REQUESTED (X only one limit*)
SL-Spectator Liability & PL - Participant Liability Limit
\$500,000 SL & PL - Rate \$219 x performances = \$
\$1,000,000 SL & PL - Rate \$340 x performances = \$
*Aggregate Limit is Double the Spectator Liability Limit
NOTE: Coverage available for Certified acts of Terrorism as provided by the Terrorism Risk Insurance Act of 2002. Please call for rates.

PREMIUM REQUIREMENT:
Premium payment MUST ACCOMPANY the request form. Mailing envelope MUST REFLECT ADVANCE PAYMENT OF "Set Up Date" shown above. Make Checks payable to National Intercollegiate Rodeo Association.
Mail to N.I.R.A. National Office: National Intercollegiate Rodeo Association
2316 Eastgate North Street, Suite 160
Walla Walla, WA 99362

Name of Requesting Party: Date:

Title of Requesting Party:

For NIRA use only: This is to verify receipt of premium check in the amount of \$. For the above requested Coverage. Mailing envelope from requesting party is attached in accordance with above requirement.

Effective 9/1/09