



Specialty Program Insurers

Spectator Liability Program

2009 Rates

Not Applicable in: CA, HI, MO, NE, NH, ND, OH, SD, WA, WV, LA, MT

NAMED INSURED:

Certificate Required:

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

Input box for Host Institution

(2) Stock Contractor: \_\_\_\_\_
Address: \_\_\_\_\_
Attention of: \_\_\_\_\_

Input box for Stock Contractor

ADDITIONAL INSUREDS:

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

Input box for Additional Insured 1

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

Input box for Additional Insured 2

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 \$237x \_\_\_ performances = \$\_\_\_ \$1,000,000 SL & PL - Rate \$368 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