



Spectator Liability Program 2011 Rates



NAMED INSURED

Certificate Required

Host Institution and Region:		<input type="checkbox"/>
Mailing Address:		
Attention of:	Phone/Fax Number:	
Email Address:		

Stock Contractor:		<input type="checkbox"/>
Address:		
Attention of:		

ADDITIONAL INSUREDS:

Name:		<input type="checkbox"/>
Address:		
Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other:		

Name:		<input type="checkbox"/>
Address:		
Above Additional Insured is the: Landowner, Sponsor, Rodeo Committee, Other:		

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 LIMIT OF LIABILITY REQUESTED (X only one limit*) total amount for NIRA handling fee.
SL-Spectator Liability & PL – Participant Liability Limit

\$500,000	SL & PL – Rate \$215 x _____	Performances = \$ _____
\$1,000,000	SL & PL – Rate \$350 x _____	Performances = \$ _____

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

2033 Walla Walla Ave.
Walla Walla, WA 99362

Name of Requesting Party: _____ Date: _____
Title of Requesting Party: _____



Western Specialty Insurers

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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 9/1/2011