



# Rodeo Liability Program 2021-2022 Rates

## NAMED INSURED

Certificate Required

Host Institution and Region:	
Mailing Address:	
Attention of:	Phone/Fax Number:
Email Address:	

Stock Contractor:
Address:
Attention of:

## ADDITIONAL INSUREDS:

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

Name:
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

<b>\$1,000,000 SL &amp; PL – Rate \$387 x _____ Performances = \$ _____</b>
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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: \_\_\_\_\_

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.
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Effective 9/1/2021