



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-678-7342 • Fax 800-478-9880

MECHANICAL BULLS APPLICATION

PROPOSED EFFECTIVE DATE: _____

General Information

Business Name: _____

Please list any other names the business is or has been known by: _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

City: _____ State: _____ Zip: _____

Additional Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Producer's Agency/Brokerage: _____ Producer Contact: _____

Producer's Email: _____ Producer's Phone #: _____

Please provide any **Owners, Managers or Risk Managers** that would need to be contacted. Include all employees dealing with loss control, safety inspections or daily business operations.

	Name	Position/Title	Responsibilities	Contact # and Email
1				
2				
3				

Total Number of Employees: _____ **Full-Time:** _____ **Part-Time:** _____

Please provide:

Annual Gross Receipts: _____ Annual Guest Days: _____

How many bulls does the Applicant own? _____

A. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Have you been non-renewed or cancelled from a prior carrier? Yes No

If yes, provide details: _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Limits			

Has the Applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. **(REQUIRED)**

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

Yes No

If the standard markets are declining placement, please explain why: _____

B. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

C. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$100,000/\$300,000	<input type="checkbox"/>	\$50,000/\$100,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

D. Operation of Bull(s)

Fixed site only – please provide complete address: _____

Mobile – list ALL states where operation anticipated: _____

Are any of the operation locations inside or operated in conjunction with alcohol? Yes No

If yes, please provide the locations: _____

Physical Description of the Bull(s) Use extra sheet if necessary ***all items must be addressed to quote**

1. Manufacturer name: _____

Serial#: _____ Year Made: _____ Model: _____

2. Please mark which of the following applies: Hydraulic Electric or Electric

3. Does each device have an emergency shut off? Yes No

a. Controlled by the Rider? Yes No

b. Controlled by the Operator? Yes No

4. Is each device equipped with variable speed controls? Yes No

5. What is the horsepower on the bull (may not be higher than 10)? _____

6. Does any device have horns or any other attachments (rubber or otherwise)? Yes No

If yes, provide a list of attachments including - what is the weight and what type of material each is made of? _

7. Is the bull a stand-alone bull or a chute bull on rails? _____

E. Risk Management

8. The following items need to be provided to receive a quote:

- a. Schedule of ALL owned mechanical bulls
- b. Pictures of the mechanical bull including in the fixed location or mobile set up
- c. Pictures of any attachments or variations used on the mechanical device
- d. List of scheduled operators, including age of operators
- e. Diagram of the setup, including fencing, inflatable pillows, etc.

Operators

9. Is there an age requirement for the operator of the bull? Yes No
If yes, what is that age requirement? _____
10. Does the Applicant have a policy prohibiting any person on the bull that has been drinking and/or consuming controlled substances? Yes No
If yes, please explain _____
11. How often is bull checked and inspected? _____
Is a log of the inspections kept? Yes No
12. Month/Year of last inspection by a certified/ independent inspector? _____
13. Do operators have test procedures provided by the manufacturer to:
a. Determine if ride is operating within manufacturer's prescribed limits? Yes No
b. Evaluate product wear? Yes No
14. Are all operators trained to strictly enforce all rules/ regulations even if it means stopping a ride early or refusing a ride to a customer? Yes No
15. Are the Applicant's rides operated in compliance with manufacturer's specifications? Yes No
(Airbag specifications, horsepower, inspected and stress tested, etc. Please attach a copy of inspection and stress test.)
16. Do you have an operating plan or procedures manual? Yes No **If YES, please attach a copy**
17. Does the Applicant have a drug and alcohol policy for employees, specifically operators? Yes No
If yes, please explain _____

18. What is the Applicant's policy on operation of the ride during rain or windstorms? _____

19. Does the Applicant allow bucking or spinning of the bull before a participant is on the bull, once the participant has fallen off the bull or once the participant is through with the ride? Yes No
20. What are the Applicant's procedures if an incident occurs? _____

Training

21. What is the procedure for training each operator? _____

22. How long is the training? _____
23. What safety issues are discussed with the operators? _____
24. Is there a safety procedure manual provided to operators? Yes No (if yes, please provide a copy)
25. Are the operators routinely supervised to see how safely they operate the equipment? Yes No
26. Who supervises the operators? _____

Site Set-up

27. Does the Applicant have a fence surrounding the area? Yes No If yes, please note the radius of the fence around the device? _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name