

Agent Name:
Agent Address:

Contact:
Phone #

Mechanical Bull Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full, signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION - PHYSICAL DESCRIPTION

1. Does device have an emergency shut off? Yes No
 2. Is the unit equipped with variable speed controls? Yes No
 3. Are employees trained in operation and safety? Yes No
 4. Minimum ceiling clearance of 12 ft or more? Yes No
 5. Minimum arena fence clearance of 20 ft or more? Yes No
 6. Minimum floor padding of 18 inches or more? Yes No
 - a. Covering consists of high density foam (canvas or other material to provide smooth surface): Yes No
 - b. Covering consists of canvas air mattress: Yes No
 7. Is base of unit completely covered with padding? Yes No
- Other: _____

8. **Attach** a copy of the Waiver of Liability/Riders release form for our review. This release **must include** a hold harmless agreement and outline all terms and conditions which the participant agrees to follow. Bilingual language is preferred (English/Spanish).
 - a. Do you check Photo ID to verify same individual and age? Yes No
 - b. Are all waivers signed in the presence of an employee? Yes No
 - c. Does employee verbally ask about pre-existing injuries? Yes No
9. Provide a complete list of venues in which you will operate the ride. Check all that apply.
 - a. Bars or Taverns Yes No
 - b. Special Events Yes No
 - c. Private Parties Yes No
 - d. Rodeo Circuit Yes No
 - e. Fairgrounds or similar exposure Yes No
 - f. Other _____ Yes No

