

MECHANICAL BULL SUPPLEMENTAL APPLICATION

To be used with Commercial General Liability Application (Acord 125)

Ge	neral Business Information				
Na	me of insured:				
Ad	dress:				
Cit	y/State/Zip:				
Ph	one number: Contact Person:				
Ph	ysical Description				
1.	Does device have an emergency shut off? ☐ Yes ☐ No				
2.	Is the unit equipped with variable speed controls?				
3.	Are employees trained in operation and safety?				
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?				
7.	. Is base of unit completely covered with padding?				
8.	You must provide us with 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 under 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				
	d. Do you require riders under 18 years to wear a helmet?				
9.	Please provide a complete list of venues in which you will operate the ride. Please check all that apply.				
	a. Bars or Taverns:				
	b. Special Events:				
	c. Private Parties:				
	d. Rodeo Circuit:				
	e. Fairgrounds or similar exposure:				
	f. Other:				

0.	Are Signs clearly posed in a conspicuous location? Yes L No				
	Signs must state and include language pertaining to the following restrictions. Bilingual warnings are preferred (English/Spanish). Provide photograph of signs containing verbiage for review.				
	a. Participants are required to sign a waiver of liability before participating in any event or activity.b. No one under the age of 18 without the presence of their parent or legal guardian. Waiver of liability must be signed in order to participate.				
	 c. Rider is participating at their own risk, and the operator is not liable for any accident or injury to any person regardless of how caused. 				
	 d. Individuals with pre-existing conditions, back, leg, neck, or arm injuries or that are pregnant are not permitted to ride. 				
	 e. Employees are not responsible for determining the physical ability of the participant – Riders do so at their own risk. f. Participant may request the ride be stopped at any time. 				
11.	Are all attendants, supervisors or monitors at least 19 years of age?				
2. Number of attendants supervising the unit any one time:					
13.	Are all rules and regulations strictly enforced:				
14.	. Are employees instructed to enforce all rules and regulations even if means ejection of a participal from the ride or refusal of service?				
15.	Please provide a breakdown in your gross receipts for the following. If separate records are not kept please include all sales in the ride receipts.				
	a. Ride receipts: \$				
	b. Photo or videotape:\$				
	c. Souvenirs: \$				
	d. Clothing similar items:\$				
16.	Any other amusement rides or devices operated on premise?				
17.	A diagram of the set up is required. Please include spectator area, distance to surrounding exposures (e.g., fencing, walls or obstructions) Please include the location of the unit within the confined area. PLEASE COMPLETE THE ATTACHED AND PROVIDE FULL DETAILS.				
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DIAGRAM OF PREMISES