

MECHANICAL BULL SUPPLEMENTAL APPLICATION
 (Submit with completed ACORD Application for all desired lines of coverage)

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|----------------------------|--|----------------------|--|
| Applicant's Name | | | |
| Mailing Address: | | | |
| City, State, Zip | | | |
| Contact Person Name | | Phone Number: | |

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|---|--|------------|--|
| Number of Bulls Owned: | | | |
| Annual Gross Revenues: | | \$ | |
| Total Number of Employees | | Full Time: | |
| | | Part Time: | |
| If Independent Contractors are used to operate, estimated annual costs for labor: | | \$ | |

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| Operations of Bull(s) is: | |
| Fixed site only – provide complete address: | |
| Mobile – list ALL states where operation is anticipated: | |

Underwriting Information – Physical Description of Bull(s) use extra sheet if necessary

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|--|---|------------------------------|-----------------------------|
| 1. | Do you have the MFG Manual for the Bull(s)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Provide copy of the set up and operations pages as well as warnings | | | |
| Manufacturer Name, City, State, Country: _____ | | | |
| Serial # _____; Year Made: _____ | | | |
| 2. | Does each device have an emergency shut off? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, please describe how it operates: _____ | | | |
| 3. | Is each device equipped with variable speed controls? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | Does any device have horns (rubber or otherwise)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Are employees trained in operation and safety? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | What is the minimum fenced radius around the bull? | | |
| 7. | Is minimum floor landing padding 18 inches or more? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, how thick? | | | |
| 8. | Is base of unit completely covered with padding? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | High Density Foam? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Air Mattresses? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Other: _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. | What is the minimum ceiling/overhead clearance? | | |

| List of venues where ride will be operated (check all that apply) | | | |
|---|---|------------------------------|-----------------------------|
| A. | Bars / Taverns / Nite Clubs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B. | Private Parties? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C. | Rodeos? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D. | Carnivals / Fair or similar? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E. | Mechanical Bull riding competitions where prizes are awarded? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F. | Other (describe): _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| Operational Related Safety | | | |
|---|--|------------------------------|-----------------------------|
| Month/Year of last inspection by a certified/independent inspector: | | | |
| Provide name and contact information for inspector: | | | |
| 1. | Do operators have test procedures/manual provided by the manufacturer to: | | |
| a. | Determine if ride is operating within MFR's prescribed limits? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. | Evaluate product wear? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. | Describe proper operation/schedules of routine inspections and required maintenance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Are operators fully trained? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If Yes, when: _____ | | | |
| 3. | Do you check photo ID to verify all rider operators are at least 19 years of age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | Are operators trained to strictly enforce all rules/regulations even if it means stopping a ride early or refusing a ride to a customer? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Number of operators supervising use of the unit at any one time? | | |
| 6. | Do you use dual camera video monitoring? (credits available if confirmed) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| Liability Warnings | | | |
|--|---|------------------------------|-----------------------------|
| 1. | Are warnings transmitted to prospective riders in advance by way of conspicuously posted signs or otherwise (preferably bilingual in English/Spanish) as respects to: | | |
| a. | Participants are required to sign waiver of liability before participating in any rides? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any exceptions? If so, please provide: _____ | | | |
| b. | No one under the age of 18 can ride without the presence of their parent or legal guardian and such parent or legal guardian are required to sign waiver of liability for that rider? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. | Rider is participating at their own risk and neither ride owner nor operator is responsible for accident or injury to any person arising out of the mechanical bull ride? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. | Individual with pre-existing conditions such as back, neck, leg, or arm injuries are not permitted to ride? However, ride operator is not responsible for determining the physical condition or ability of any rider. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. | Participants may request that the ride be stopped at any time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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|----|--|------------------------------|-----------------------------|
| 2. | Are waivers signed in the presence of the operator or attending employees? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | How long are signed waivers retained? | | |
| | Where are signed waivers retained? _____ | | |
| 4. | Does employees verbally ask about pre-existing injuries? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Are your operators instructed to require riders under the age of 18 to wear helmets? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

ALL APPLICATIONS MUST BE ACCOMPANIED BY:

Pictures of Bull(s) to include placement of bull, area of padding, location of fencing or other barriers, distances to spectator area, walls or any other obstructions and posted warning signs.

Copy of Waiver of Liability/Rider Release form used. In addition to the waiver, these forms must include a hold harmless agreement in favor of both owner and operator as well as event organization and outline all terms and conditions the participant agrees to follow.

Signature of Applicant

Date

Printed Name