



# MECHANICAL BULL APPLICATION

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
 2. Please fill in all the fields with the correct information.  
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

## POLICY RECOMMENDATIONS (Please check any you are interested in)

General Liability <input type="checkbox"/>	Accident Medical <input type="checkbox"/>	Earthquake <input type="checkbox"/>
Inland Marine <input type="checkbox"/>	Workers Compensation <input type="checkbox"/>	Commercial Auto <input type="checkbox"/>
EPLI <input type="checkbox"/>	Flood <input type="checkbox"/>	Hired & Non-Owned Auto <input type="checkbox"/>
Umbrella <input type="checkbox"/>	Abuse / Molestation <input type="checkbox"/>	Cyber Liability <input type="checkbox"/>

## Section 1: General Business Information

1. How did you hear about us?

Are you an ERS or Inflatable Office customer?  Yes  No

2. Name of Insured: FEIN/SS#:

3. Address: City: State: Zip:

4. Phone Number: 5. Contact Person:

6. Web Page: 7. Email:

8. Is Named Insured an:  Individual  Partnership  Corporation  LLC  Other:

9. Years in this business: 10.# of Bulls Owned: 11.Total Estimated Gross Receipts:

12. Number of Employed Operators: FullTime: Part Time: Annual Payroll: \$

13. Names of all operators:

14. If independent contractors are ever used to operate, est. annual costs for such labor = \$

## Section 2: Bulls

1. Operation of Bull(s) is:  Fixed site only - provide complete address:  
 Mobile - list ALL states where operation anticipated:

2. Physical Description of Bull(s) Use extra sheet if necessary

Manufacturers Name, City, State, Country	Serial #	Years Made

3. Is Bull Electric?  Yes  No If Galaxy, what model?  Regular  Deluxe  Both



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## Section 2: Bulls (continued)

4. Does each device have an emergency shut off? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is each device equipped with variable speed controls? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the device have soft horns? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the device have a padded head? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 3: Site Set-Up

1. Minimum Fenced Radius of 10 feet or more? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does device have enclosed inflatable arena with a min. 16 inch inflatable landing? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Minimum ceiling / overhead clearance of 12 feet or more? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Base of unit completely covered with padding? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. List of venues where ride will be operated (check all that apply): <input type="checkbox"/> Bars/Taverns/Night Clubs <input type="checkbox"/> Private Parties <input type="checkbox"/> Rodeos <input type="checkbox"/> Carnivals/Fairs <input type="checkbox"/> Mechanical Bull Riding Competitions where prizes awarded <input type="checkbox"/> Other(describe)
6. Is alcohol served by the venue where the mechanical bull is present? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do mechanical bull operators monitor for patron alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 4: Operational Related Safety

1. Month / Year of last inspection by a certified / independent inspector?
2. Do operators have test procedures provided by the manufacturer to: Determine if ride is operating within mfr's prescribed limits? <input type="checkbox"/> Yes <input type="checkbox"/> No Evaluate product wear? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do operators have mfr's manual describing proper operation / schedules of routine inspections required / required maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are all ride operators at least 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Number of operators supervising use of the unit at any one time?
6. 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
7. What is the minimum age requirement you mandate for any rider?

## Section 5: 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 pertains to:
a. Participants are required to sign waiver of liability before participating in any rides <input type="checkbox"/> Yes <input type="checkbox"/> No
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



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## Section 5: Liability Warnings

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  Yes  No

d. Individuals 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.  Yes  No

e. Participants may request that the ride be stopped at any time.  Yes  No

3. Does operator check photo ID to verify participant is same individual and age?  Yes  No

4. Are Waivers signed in the presence of the operator or other attending employee?  Yes  No

How long are signed waivers retained?

Where stored?

5. Does operator verbally ask about pre-existing injuries, and if any, refuse the ride?  Yes  No

6. Are your operators instructed to require riders under the age of 18 to wear helmets?  Yes  No

Note: This application MUST include a copy of the Waiver of Liability / Rider Release form used. Such form MUST include a hold harmless agreement in favor of both ride owner and operator as well as outline all terms and conditions the participant agrees to follow. Bilingual language is preferred (English/Spanish).

## Section 6: Miscellaneous

1. Please provide a breakdown of estimated annual receipts from the following categories. (If no separate records kept, then place all revenues in the "rides" category.)

Rides: \$                      Photo or video tape receipts: \$                      Souvenirs: \$

Clothing: \$                      Other (describe):

2. Do you ever allow free rides?  Yes  No

If yes, explain under what circumstances and approximate number per year:

3. Prior General Liability Insurance Company

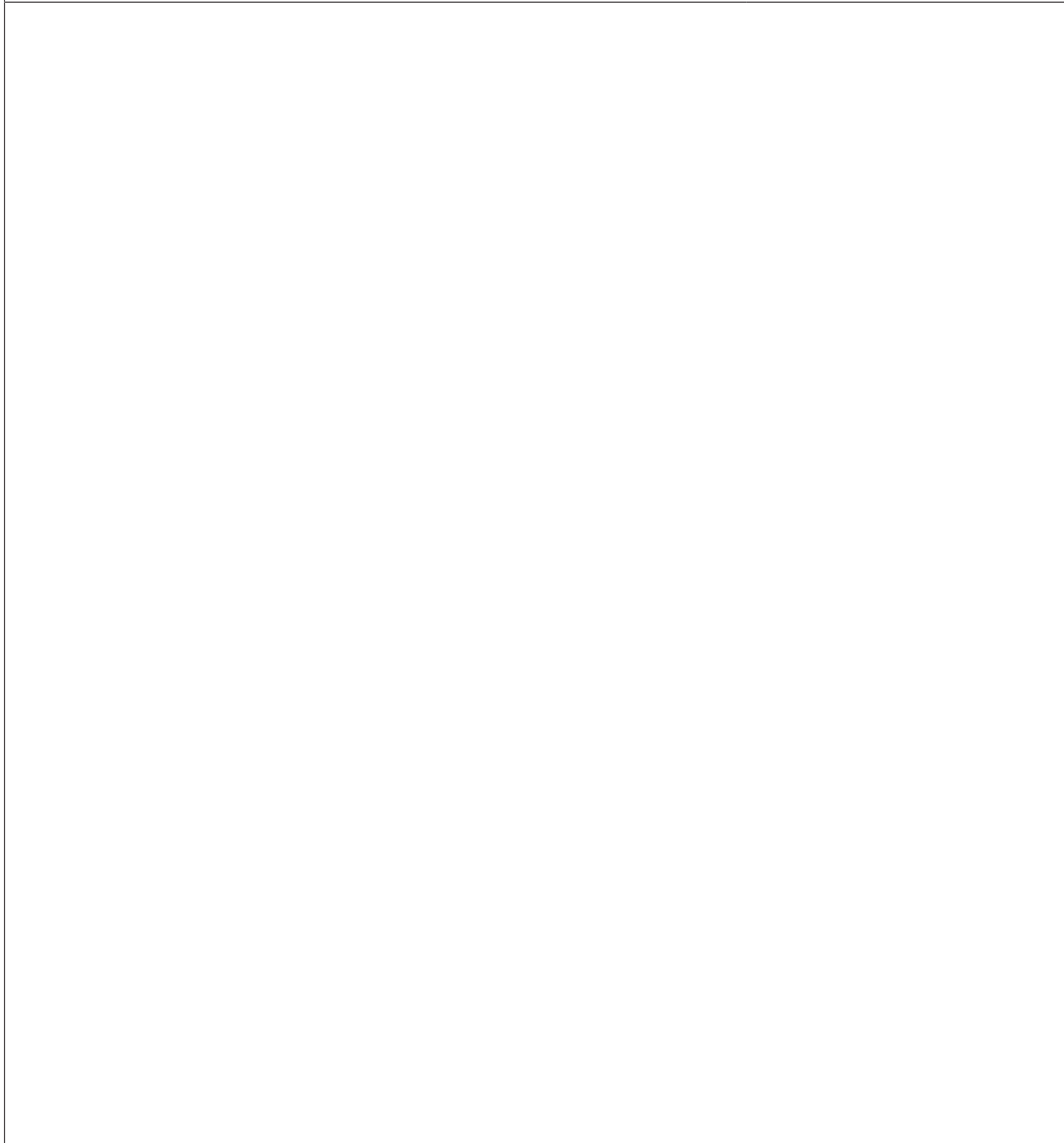
Expiration Date:

Premium:

4. Describe all claims arising out of your mechanical bull units for the past 4 years:

### Section 7: Diagram of Mechanical Bull Set-Up

Provide a diagram of the operational area to include placement of bull, area of padding, location of fencing or other barriers, distances to spectator area, walls or any other obstructions.



**Section 13: Cyber Liability**

1. Do you process payment cards?  Yes  No

2. Estimated annual number of payment card transactions

**Section 14: Warranty**

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

**Section 15: Signature**

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



**FRAUD NOTICE**

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:
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