

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

RODEO SUPPLEMENT

Application Information:

Named Insured: _____
 Name of Rodeo: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Contact: _____
 Email: _____
 Location of Rodeo: _____
 Dates to be covered: _____
 Additional Insured(s) & their Interest: _____

FULL RODEO COVERAGE

\$1,000,000 Single Limit BI & PD @ \$515.00* Per Event Day

- Based on attendance up to 10,000 (no Deductible)
- Spectator Liability ONLY – no coverage for audience participation

*Includes 1% Florida Hurricane Catastrophe Fund Assessment

*Includes 2% Florida Insurance Guaranty Association Assessment

One time membership fee \$25.00 per year

Certified Funds or Money Order Only

Premiums and State Assessments are subject to Change

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES.

_____ Signature of Applicant	_____ Date Signed
_____ Signature of Agent	_____ Date Signed