



Allen Financial Insurance Group

Extreme Cowboy Assoc. - A/I Endorsment

Member Name: _____

Email: _____ Phone# _____

Dates of Event(s): _____

Additional Insured's (if any) Use space provided below if custom wording or requirements are needed

<input type="checkbox"/> Additional Insured /		
NAME		
Mailing Address		
City	State	Zip Code

<input type="checkbox"/> Additional Insured #2 (use additional sheet if needed)		
NAME		
Mailing Address		
City	State	Zip Code

***Please list any additional information that may be important or helpful:**

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 but that the information contained herein shall be the basis of the Contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information or conceals for the purpose of misleading, information Concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of Coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application Shall form part of any policy issued and that the Company requires that I/We obtain additional insured certificates of insurance for independent contractors for coverage to remain in effect. I/We hereby make application to Allen Financial Insurance Group, Inc. and its Companies for Commercial General Liability Insurance. I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or Collection becomes necessary.

Signature: _____	Date: / /
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