

**KALIFF INSURANCE**

**USER LIABILITY APPLICATION for  
PASADENA LIVESTOCK SHOW & RODEO**

2009 NW Military Hwy, San Antonio, TX 78213  
Phone 210-829-7634 Fax 210-829-7636

**Please email this form to: [jim@pasadenarodeo.com](mailto:jim@pasadenarodeo.com)**

**Items listed below are not acceptable for endorsement.**

Permanent Tattoos, Body Piercing & Massages ▪ Haunted Houses ▪ Concerts/Promoters/Performers ▪ Playground Equipment ▪ Wheelchair/Stroller Rentals ▪ Gun Shows ▪ Climbing Walls ▪ Inflatable Amusements (Includes Moonwalks, Bounces & Pillows ▪ Amusement Rides/Devices (Includes Gyroscopes & Spaceballs) ▪ Child Care ▪ Sales of Tobacco Products, Autos or Auto Parts ▪ Rodeo Events ▪ Motorsports Events ▪ Ice/Roller Skating

**Items listed below require additional premium and should be approved before acceptance for endorsement to your policy**

Liquor Liability ▪ Pony Rides ▪ Petting Zoos ▪ Exotic Animals ▪ Game Booths/Arcades ▪ Dunking Booths  
Golf Carts/Scooters, Segways

**Endorsement Request Form**

DATE: \_\_\_\_\_

INSURED: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TYPE OF FOOD OR MERCHANDISE: \_\_\_\_\_

DATES PARTICIPATING: \_\_\_\_\_

LIQUOR LIABILITY REQUIRED? \_\_\_\_\_  
(MUST CALL FOR ACCEPTABILITY and/or PREMIUM)

***Kaliff Special Event Pricing***

**\*FAIR CONCESSIONAIRE AND EXHIBITOR RATES**

<b>TYPE</b>	<b>PREMIUM</b>
Per Booth (each exhibitor)	\$68.25
Each additional booth	\$50.40

**\*\*\*\*Pricing includes surplus lines tax\*\*\*\***

Please call for: Dunking Booths, Petting Zoos, Pony Rides, Golf Cart/Scooter Vendors, Parade Units



We continue to accept checks and money orders.  
For your added convenience, we also provide the following payment options.

### **PAYMENT OPTIONS**

#### **A. ACH Bank Debit**

Please see attached form to be completed by account holder and e-mailed to [denver@kaliff.com](mailto:denver@kaliff.com)

#### **B. Overnight mail (USPS, UPS or FedEx), check or money order, send to:**

Kaliff Insurance  
2009 N.W. Military Hwy, Suite 103  
San Antonio, Texas 78213  
Telephone: 210-829-7634  
Attn: Mitchell Kaliff

#### **C. Credit Card Payments**

We accept Visa, MasterCard, Discover and American Express up to \$3,000.00 per policy and policy period.  
Attached is an Authorization Form that must be filled out and faxed to Denver Davis at 210-829-7636 or e-mailed to [denver@kaliff.com](mailto:denver@kaliff.com) should you choose to pay by credit card.

#### **D. Western Union Quick Collect**

The Western Union Quick Collect transaction fee is \$25.00, no matter what the amount is you're sending.  
To locate a Western Union office near you, call 1-800-325-6000.

Information you will need when sending payments via Western Union:

Payment Amount:	\$-----.00
Pay To:	Kaliff Insurance
Code City:	Kaliff Texas
State:	Texas
Account #:	Your Kaliff Insurance Account Name

**ACH DEBIT AUTHORIZATION**

I, **CUSTOMER NAME (PRINT BANK HOLDER NAME)** \_\_\_\_\_ authorize **Kaliff Insurance** to initiate an electronic debit entry for the purpose of **insurance payment due**, and if necessary, credit entries and adjustments for any debit entries in error to my:

***Type of Bank Account:***

Checking account

Savings account

***Banking Information:***

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

\_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

\_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER

\_\_\_\_\_

FINANCIAL INSTITUTION CITY, STATE and POSTAL  
CODE \_\_\_\_\_

(Please use a check to obtain account numbers and routing numbers, not a deposit slip).

***How to Revoke your Authorization:***

This is a one-time debit authorization to be used only for the amount and date specified below.

**BANK HOLDER SIGNATURE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**PAYMENT AMOUNT** \_\_\_\_\_

**PAYMENT DATE** \_\_\_\_\_

**INSURED NAME** \_\_\_\_\_

(Funds will be applied to Insured's account listed above)

Kaliff Insurance Credit Card Authorization Form

Name of Cardholder:

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Address, City, State and Zip Code where credit card statement is mailed:

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Credit Card Type:

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Credit Card Number:

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Credit Card Expiration Date:

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CVV Code Number on back of credit card (for American Express the code is on the front of the credit card):

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Amount you want to be charged to your credit card:  
(Please note, we can only process up to \$3,000.00 per policy and policy period)

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Date you want your credit card charged:

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Kaliff Insurance Account Name or Account Number to apply payment to:

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I, \_\_\_\_\_ (please print name)  
authorize Kaliff Insurance to charge my credit card one time for the amount listed above on the date listed above.

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Signature of Cardholder

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Today's Date