

Three Forks Specialty Act Contract 2025

This contract is between Audrey Snellman (a minor represented by her mother Laura Snellman) at the address of 4239 Springhill Rd. Helena MT 59601, Gracie Stolfus (a minor represented by her mother [REDACTED]) at the address of [REDACTED], The City of Three forks, and Three forks Rodeo Association. This contract pertains to July 18th and 19th, 2025.

Audrey Snellman and Gracie Stolfus agree to provide halftime entertainment to this specific rodeo. Their performance will last 4-7 minutes (including set-up, performance, and tear-down) during this two-day event. Any equipment needed for the performance shall be provided by the performers, Gracie Stolfus and/or Audrey Snellman. Performances will take place within the two days of the event being held between 7:30 and 9:00 pm both nights.

In addition, the performers, Audrey Snellman and Gracie Stolfus, agree to the responsibility of transportation to the Three Forks Rodeo.

In exchange, the performers, Gracie Stolfus and Audrey Snellman, will require the following:

- adequate arena size and safe footing for horses and riders
- assistance from 5 volunteers to hold the trick tape during the 4–7-minute performance
- monetary payment of \$800 to each performer; one check will need to be made out to Gracie Stolfus and one to Audrey Snellman.

Signed,

City Of Three Forks Representative



Three Forks Rodeo Representative

TBD (Gracie Stolfus' Representative)



Laura Snellman (Audrey Snellman's Representative)

Date

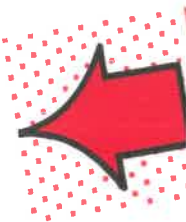


Date

Date



Date





HELEATH-01

MKING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AICC, LLC dba Athletics ICC Insurance Services 1760 Market Street Suite 401 Philadelphia, PA 19103		CONTACT NAME: PHONE (A/C, No, Ext): (717) 371-1868 E-MAIL: wmartin@athleticsicc.com ADDRESS:		FAX (A/C, No):
INSURED Helena Athletic Club, Inc. 3340 McHugh Lane Helena, MT 59602		INSURER(S) AFFORDING COVERAGE INSURER A : Siriuspoint America Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		
				NAIC # 38776

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PLH01GL00000038	4/12/2025	4/12/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SML \$ 25,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is also an additional insured.

CERTIFICATE HOLDER

CANCELLATION

The City of Three Forks and the Three Forks Rodeo Association
607 S Main Street (PO Box 187)
Three Forks, MT 59752

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE