



# Prize Indemnity Application

| 1. GENERAL INFORMATION   |                    |
|--|--------------------|
| Name of Company applying for Insurance (Proposed Assured)  |                    |
| Address  |                    |
| City, State, Zip   |                    |
| Phone  |                    |
| Fax  |                    |
| E-mail   |                    |
| Website  |                    |
| 2. Name of the event/promotion   |                    |
| 3. Type of event/promotion (Basketball shot, Collect & Win, etc.)  |                    |
| 4. Date(s) and location of the event/promotion   |                    |
| 5. What is the value of the available prize(s) to be insured?  |                    |
| 6. Please provide the full details of how prize(s) will be won   |                    |
| 7. Estimated number of participants  |                    |
| 8. Number of game pieces to be distributed (if applicable)   |                    |
| 9. Have you had past experience holding events/promotions of this kind?<br><br><b>If Yes, please explain:</b>  | Yes _____ No _____ |
| 10. Within the last five (5) years, has the Proposed Assured ever filed and insurance claim for a similar event/promotion?<br><br><b>If Yes, please explain:</b> | Yes _____ No _____ |
| 11. Has the Proposed Assured ever had similar insurance (as applied for herein) declined, cancelled or renewal refused?<br><br><b>If Yes, please explain:</b>    | Yes _____ No _____ |
| 12. Are Official Rules available?<br><br><b>If Yes, please attach a copy to this Application.</b>  | Yes _____ No _____ |
| 13. Will you need surety bonds which are required for any game of chance promotion over \$5,000 that is open to the states of NY and FL?                         | Yes _____ No _____ |

**DECLARATION**

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form the basis of the Insurance policy.

I agree to advise the Company of any change in the information detailed in this Application which takes place prior to the commencement of the event/promotion.

Signature of Proposed Assured

Date

Print Name and Title

Signature of Broker

Date

Print Name and Title

Name of Agency

**Questions? 800 926-6771****SUBMIT****RESET**