

**Application For Prize Indemification Insurance**

1. Name of Applicant: \_\_\_\_\_
2. Street & Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Dates of Event: \_\_\_\_\_ From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM
4. Dates of Coverage Requested: From: \_\_\_\_\_ 12:01 a.m. To: \_\_\_\_\_ 12:01 a.m.  
\_\_\_\_\_
5. Name of Event: \_\_\_\_\_  
\_\_\_\_\_
6. Location of Event: \_\_\_\_\_
7. Name of Facility: \_\_\_\_\_
8. Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Value of Prize: \_\_\_\_\_ Annuity?  Yes  No
10. Full detail of how prizes will be won: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Estimated Number of People Taking Part: \_\_\_\_\_
12. Details of Officials Overseeing the Event:  
NAME OCCUPATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Past experience in holding events of this kind (describe or put "none"): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Have you ever sustained a loss during the past five (5) years for Prize Indemnification? (If yes, please describe): \_\_\_\_\_  
\_\_\_\_\_

**PRIZE INDEMNITY INSURANCE APPLICATION (Cont'd)**

15. Have you ever been declined or had this type of insurance canceled or non-renewed? (If yes, please explain): \_\_\_\_\_

16. **THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:**

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) If any claims, threatened claims, or other matters which might affect issuance of a Policy come to the attention of Applicant after execution or filing of this Application with the Insurer but before a Policy issues, Applicant must notify the Insurer immediately.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the limit of liability and deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.

\_\_\_\_\_ Date Signed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Account Executive: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Telex: \_\_\_\_\_ Telefax: \_\_\_\_\_

**NOTE: Please be sure to attach 5 years Loss Experience in Detail.**