

Prize Indemnity Application

datess.			
	State:		
Phone:Fax:			
lame of the event/promotion:			
ype of event/promotion (Baske	tball Shot, Collect & Win, etc.): _		
	t/promotion:		
Vhat is the value of the availabl <u>Prize</u>	e prize(s) to be insured?	<u>Value</u>	
Please provide the full details of	how prize(s) will be won:		
estimated number of participant	S:		

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	e last five (5) year motion? Yes	A) 10 10 10 10 10 10 10 10 10 10 10 10 10		ever filed an Ins	surance claim for a
If yes, ple	ase explain:				
×-					
Has the	oronosed Assured	ever had simile	ar Insurance (a	s annlied for her	rein) declined, cand
ilas tile	oroposed Assured		3.	s applied for the	ciii) decililed, call
renewal r	efused? Yes	No			
	efused? Yes ase explain:	A SHICKSH	50		

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.

	<u> </u>
Signature of Assured	Date
Print Name	Title
Signature of Insurance Broker	Date
Name of Agency	