

GENERAL PRIZE INDEMNIFICATION EASY QUOTE/APPLICATION

APPLICANT INFORMATION

Applicant's Name _____
Street Address _____ City _____ State _____ Zip _____
Phone # (____) _____ Fax # (____) _____ E-mail address _____

AGENT INFORMATION

Agency Name _____ Contact Person _____
Street Address _____ City _____ State _____ Zip _____
Phone # (____) _____ Fax # (____) _____ E-mail address _____

EVENT TO BE INSURED

Name of Event _____ Event Date(s) _____
Event Address: _____ Event Mailing Address _____

of Participants Male: _____ Female: _____ # of attempts per participant _____

Are the participants chosen randomly prior to the event? Yes No

Is the prize to be split amongst multiple winners? Yes No

Are there any professionals participating? Yes No If so, how many? _____

EVENT DESCRIPTION

The applicant agrees the foregoing statements and answers are true and correct and requests the Company to issue the insurance policy in reliance thereon. Coverage may be further restricted by the Company as stated in the policy schedule.

Signing of this application does not bind the insurer to complete the insurance but it is agreed that this form shall be made part of the contract should a policy be issued.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____

SUBMIT THIS FORM TO GET A FORMAL QUOTE FROM US. **COVERAGE CANNOT BE BOUND UNTIL THE APPLICANT AND APPLICANT'S AGENT REPRESENTATIVE SIGN THIS FORM AND MAIL IT WITH AN AGENCY CHECK TO OUR OFFICE** AT LEAST FIVE (5) DAYS PRIOR TO THE EVENT. ANY CHANGES TO THE EVENT INFORMATION ABOVE MUST BE IN WRITING AND FAXED TO THE COMPANY PRIOR TO THE EVENT.