



PRIZE INDEMNITY APPLICATION

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:	Phone#	Fax#		
	E-Mail:	Website:		

GENERAL APPLICANT INFORMATION

Business Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:	Phone#	Fax#		
	E-Mail:	Website:		
Location (if different)		City:	State:	Zip:
Facility Name (if different)				

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:		
Event Date:	Event Time (s):			
Previous Insurance Carrier:			Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:	
Policy Term:	Year:	Year:	Year:	Year:
Limits:				
Annual Premium:				
*Incurred Losses /Claims/Prizes awarded under insurance policy:				

*Please provide hard copy loss runs and description of any individual claims or reserves

COVERAGE AND LIMITS

Coverage Type	Limit Type: Occurrence/Event/Prize Value	Limit Amount	Aggregate	Deductible	Other

UNDERWRITING INFORMATION

Name & Description of Contest:	
Provide the full details on how prize(s) will be won:	
Estimated number of participants:	#
# of Years this event or a similar event has been held	#
Are Official Rules available:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a copy of the rules to this application



Event coverage involving a STATE, COUNTRY OR WORLD RECORD					
Event Year:	Year:	Year:	Year:	Year:	Year:
Provide past history of the recorded records for this event including dates and locations in which the Record was broken					
Provide the complete list of past history event winners including the names of each winner and the dates and locations of each event					
Provide the list of current event record holders along with the date and location of when and where the record was established					
Will the current WORLD record holder or any former record holder be eligible and participating in this event:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names of all record holders participating				
Will the current EVENT record holder or any former record holder be eligible and participating in this event:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names of all record holders participating				

Required Information for a Quote	
Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. The Prize Indemnity Application	<input type="checkbox"/>
2. Copy of the Official Rules for the event	<input type="checkbox"/>
3. 5 Year Hard Copy Loss Runs – currently valued with detailed descriptions of every loss/claim	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND ESTIMATES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 Signature of Owner, Partner, Member, Principal, or Officer Applicant's Printed Name:
 Authorized to Sign as Applicant

Title: _____ Date: _____

Producer Name: _____ License#: _____