



Prize Indemnity Application

Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote.
- If you have any questions please contact our offices at (804) 754-7610.
- Due to the varied amounts of prize events, we may contact you for more information.

GENERAL INFORMATION

Named Insured: _____

Applicant's name: _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail address: _____

EVENT INFORMATION

Type of Event(s)/Promotion(s)/Competition(s): _____

*Please provide full details including contest rules.

Date(s) of Event(s): _____ to _____

Have you any past experience in staging events of this kind? Explain: _____

DECLARATION

To the best of my knowledge and belief the information provided in connection with this application is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle the company to void coverage. (A material fact is one likely to influence acceptance or assessment of this application by the company. If you are in doubt as to what constitutes a material fact, consult your agent.) I understand that signing this application does not bind me to purchase the coverage but agree that should a contract be issued, this form and the statements made hereon shall be the basis for such contract.

Name of Applicant: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

FOR BROKER USE ONLY

Name of Authorized Agent or Broker: _____

Name of Agency: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____