

Specialty Group

401 Edgewater Place, Suite 400 Wakefield, MA 01880 USA

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Prize Indemnity Application

1. GENERAL INFORMATION				
Name of Company applying for Insurance (Proposed Assured)				
Address				
City, State, Zip				
Phone				
Fax				
E-mail				
Website				
2. Name of the event/promotion				
3. Type of event/promotion (Basketball shot, Collect & Win, etc.)				
4. Date(s) and location of the event/promotion				
5. What is the value of the available prize(s) to be insured?				
6. Please provide the full details of how prize(s) will be won				
7. Estimated number of participants				
8. Number of game pieces to be distributed (if applicable)				
9. Have you had past experience holding events/promotions of this kind?			☐ Yes ☐ No	
If Yes, please explain:				
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10. Within the last five (5) years, has the Proposed Assured ever filed an insurance claim for a similar event/promotion?			☐ Yes ☐ No	
If Yes, please explain:				
11 Has the Proposed Assured eve	ur had similar insurance (as annlie	nd for herein) declined, cancelled or renewal	□ Vas □ Na	
11. Has the Proposed Assured ever had similar insurance (as applied for herein) declined, cancelled or renewal refused?			☐ Yes ☐ No	
If Yes, please explain:				
12. Are Official Rules available?			☐ Yes ☐ No	
If Yes, please attach a copy to this Application				
13. Will you need surety bonds which are required for any game of chance promotion over \$5,000 that is open to the states of NY and FL?			□ Voc □ No	
and dialog of the and the			☐ Yes ☐ No	

DECLARATION			
To the best of my knowledge and belief the information provided i not withheld any material facts.	n this Application, whether in my own hand or not, is true and I have		
I understand that non-disclosures or misrepresentation of a materia	al fact will entitle the Company to void the Insurance.		
I understand that signing this Application does not bind me to coissued, this Application and the statements made therein shall form	omplete the Insurance but agree that should an Insurance policy be a 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.			
Signature of Proposed Assured	Date		
Print Name and Title			
Signature of Broker	Date		
Print Name and Title	Name of Agency		