



PRIZE INDEMNIFICATION APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

A. GENERAL INFORMATION:

1. **Type of Event:** Hole-in-One Basketball Shoot Fishing Derby Field Goal Kick
2. **Name of contest/tournament:** _____
3. **Name of location where contest/tournament to be held:** _____
4. **Number of times contest/tournament previously held:** _____
5. **Limit of Liability desired:** \$ _____
6. **Actual cost for prizes:** \$ _____
7. **Prize with be:** Cash Car Other: _____
8. **Check box that applies:** Limit reinstated Limit not reinstated
9. **Prior Carrier & Loss History (for last 3 years):**

	Year:	Year:	Year:
Carrier			
Date of Loss			

B. HOLE-IN-ONE COVERAGE:

1. Number of rounds per day: _____
2. Number of participants: _____
3. How many shots does each participant have at insured hole during tournament play? _____
4. Size of course: 9 Hole Course 18 Hole Course
5. Are there more than four par 3 holes on the course? Yes No
6. Hole(s) to be covered: No.: _____ Length in yards: _____ Par: _____
 No.: _____ Length in yards: _____ Par: _____
 No.: _____ Length in yards: _____ Par: _____
7. If more than one hole, is there a prize per hole? Yes No
If yes, amount of coverage per hole: \$ _____
8. Any losses for specified hole(s) in the past five years? Yes No
If yes, describe: _____

Hole-In-One Coverage Conditions:

- a. Hole must be at least one hundred twenty (120) yards.
- b. Amateurs only. (Not eligible if contestant played or currently playing golf professionally or for any two or four year college.)
- c. A shot is a stroke as defined by the USGA Rules of Golf.
- d. No mulligan's are permitted on the selected hole(s).
- e. No practice shots shall be permitted and all shots shall be made in the regular round of tournament play.
- f. The Hole-In-One must occur during the specified tournament by a registered player.
- g. In the event of inclement weather, the effective date of this policy may be amended to a rescheduled rain date without additional charge.
- h. One Tournament Committee Member shall be stationed at each of the selected holes at all times during the tournament.
- i. Certification of achievement shall be made by the Tournament Committee Member stationed at the selected hole, the successful participant and the Golf Course Secretary.
- j. Score cards shall be completed and submitted with the above-mentioned certification of achievement.
- k. Witness requirements are based on prize value. All witnesses must be event non-participants, age eighteen (18) or older, and appointed by event officials as follows:
 - (a) Prize limits up to \$5,000 do not require a witness.
 - (b) Prize limits from \$5,001 to \$50,000 require one witness.
 - (c) Prize limits from \$50,001 to \$100,000 require two witnesses.
- l. Once a Hole-in-One is made, the contest is over. The policy limit will not be reinstated, unless otherwise indicated.

C. BASKETBALL SHOOT COVERAGE:

1. **Nature of contest/tournament:** Half Court Three-Quarter Court Other, as indicated below*

*Nature of contest/tournament if other than half court or three-quarter court shot: _____

2. **Number of shots permitted:** _____

Basketball Shoot Coverage Conditions:

- a. Basketball court must be of regulation size ninety-four (94) feet.
- b. Amateurs only. (Not eligible if contestant played or currently playing basketball professionally or for any two or four year college.)
- c. One contestant only per game, picked randomly from the audience during the game.
- d. Shot(s) must be made from behind the half court line or three-quarter court line.
- e. No practice shots are permitted.
- f. Stadium officials or an event referee must be in attendance.
- g. Once coverage is bound, the premium is fully earned.
- h. Once shot(s) is made, the contest is over. The policy limit will not be reinstated, unless otherwise indicated.

D. FISHING DERBY COVERAGE:

1. **Nature of contest/tournament:** Tagged Fish Record Fish Other, as indicated below*

*Nature of contest/tournament if other than one (1) tagged fish or record fish: _____

2. **Acreage of lake:** _____

3. **Number of participants:** _____

4. **Hours and Date(s) of tournament:** _____ on _____

5. **All coverage shall be rendered NULL and VOID as of _____ on _____.**
Any claim to the prize must be reported to the official no later than _____ on _____.

6. **For record fish: What is the current state record for the type of fish?** _____

Fishing Derby Coverage Conditions:

a. Tagged Fish

- (1) Only one (1) fish will be tagged, unless indicated differently above*.
- (2) Tournament must be supervised by local Fish and Game Department personnel.
- (3) Releasing of the tagged fish will be supervised by local Fish and Game Department personnel. The named insured and the official from the local Fish and Game Department shall be the only persons with access to or knowledge of the location and time of the release of the fish.
- (4) Anyone related to or employed by the named insured, sponsor, official or person releasing the fish is not eligible to enter the contest.

b. Record Fish

- (1) Only live fish and fish caught during contest hours within the tournament boundaries are eligible.

E. FIELD GOAL COVERAGE:

1. Describe nature of contest: _____

2. Number of yards to goal posts: _____
3. Number of participants: _____
4. Number of kicks per participant: _____

Field Goal Kick Coverage Conditions:

- a. Football field must be regulation size one hundred twenty (120) yards.
- b. Amateurs only. (Not eligible if contestant played or currently playing football or soccer professionally or for any two or four year college.)
- c. Participant(s) randomly picked from the audience during the game.
- d. No practice kicks.

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (**Not applicable to Nebraska, Oregon or Vermont**).

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and that stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
Deductible	\$	

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.