

PRIZE INDEMNIFICATION APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	

1.	GENERAL INFORMATION	
a.	Event Location:	
b.	Date of Event:	
c.	Type of Event	<input type="checkbox"/> Hole-in-One <input type="checkbox"/> Half or Three-Quarter Court Basketball Shoot <input type="checkbox"/> Fishing Derby
d.	Limit of Insurance or actual cost for prizes	\$
e.	Limit is:	<input type="checkbox"/> Limit reinstated <input type="checkbox"/> Limit not reinstated
f.	Prior Losses	

2.	HOLE IN ONE ADDITIONAL INFORMATION AND CONDITIONS	
a.	Hole Number(s)	With Yardage of:
b.	Conditions: <ol style="list-style-type: none"> 1. Amateurs only. (Not eligible if played or currently playing golf professionally or two- or four-year college golf.) 2. The Hole-in-One must occur while playing a complete round during official tournament play by an official tournament player. 3. No practice shots shall be permitted and all shots shall be made in the regular round of tournament play. 4. One Tournament Committee Member shall be stationed at each of the selected holes at all times during the tournament. 5. Certification of achievement shall be made by the Tournament Committee Member stationed at the hole, the successful participant and the Golf Course Secretary. 6. Scorecards shall be completed and submitted with the above-mentioned certification of achievement. 7. Once a Hole-in-One is made, the contest is over. The policy limit will not be reinstated, unless otherwise indicated 	

3.	BASKETBALL SHOOT COVERAGE CONDITIONS	
a.	Coverage is afforded at the location listed above, up to the Limit of Insurance indicated above for shots made behind the (check one)	<input type="checkbox"/> Half Court <input type="checkbox"/> Three-Quarter Court <input type="checkbox"/> Other Describe
b.	<ol style="list-style-type: none"> 1. Basketball court must be of regulation size (94 feet). 2. Amateurs only. (Not eligible if played or currently playing basketball professionally or two- or four-year college basketball.) 3. One contestant per game picked randomly from the audience during the game. 	

4.	FISHING DERBY CONTEST ADDITIONAL INFORMATION AND CONDITIONS	
a.	Acreage of Lake	
b.	Approximate number of Participants	
c.	Only one (1) fish will be tagged unless otherwise indicated here:	

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

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 KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

NEW YORK 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 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.

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