



HCC SPECIALTY UNDERWRITERS, INC.

A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.

401 Edgewater Place, Suite 400, Wakefield, Massachusetts 01880 Telephone: (781) 994-6000 Facsimile: (781) 994-6001 www.hccsu.com

PRIZE INDEMNITY APPLICATION

1. Name of Company (Proposed Assured) applying for Insurance:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

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.

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 ever had similar Insurance (as applied for herein) declined, canceled 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.

DECLARATION

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form 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 Insurance Broker

Date

Name of Agency