

Prize Indemnity Insurance Application



General Information

Company to be Insured:	
Address:	
City, ST ZIP	
Phone:	
Contact:	
Contact email:	

Promotion Information

Name of promotion / event:	
Description of promotion / event	
Has this promotion / event been held by this applicant in the past? If yes, please explain	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the promotion have official rules?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please email official rules to rules@prizeins.com	
Value to be insured:	

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 insurers to void the insurance.

I understand that the signing of this proposal does not bind me to complete or insurers to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of applicant

Date

Prize & Promotion Insurance Services

22 Deer Street, Suite 400
Portsmouth, NH 03801

888-407-5841

info@prizeins.com