

Chris-Leef General Agency, Inc.  
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**PRIZE INDEMNIFICATION APPLICATION**

PREMIUM IS 100% FULL Y EARNED

Applicant's Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Address- \_\_\_\_\_  
\_\_\_\_\_

Phone number ( ) \_\_\_\_\_

Name of Facility where Covered event(s) held: \_\_\_\_\_

Location of Covered Event: \_\_\_\_\_

Designated Official: \_\_\_\_\_

Covered Event: \_\_\_\_\_

Description of Covered prize and value (not to exceed net cost to sponsor) \_\_\_\_\_  
\_\_\_\_\_

Date of Covered Event: \_\_\_\_\_ No. of Participants: \_\_\_\_\_

DESCRIPTION - Attach description of event and explain how activity will be monitored.

Description of Covered Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WARRANTIES:**

IT IS HEREBY WARRANTED BY THE APPLICANT THAT:

THIS APPLICATION IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT. Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage, and COVERAGE WILL COMMENCE only upon the effective date of a separate contract binding insurance coverage (i.e., a policy or official binder form) issued by an agent authorized by the Company.

The applicant agrees to the above warranties and further warrants that the information provided on this application is true, complete and correct based on his/her records, knowledge and belief. The applicant agrees that this application or photocopy thereof shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

Agency \_\_\_\_\_ X \_\_\_\_\_  
Insured sign - Position/Title

Address \_\_\_\_\_ X \_\_\_\_\_  
Witness sign - Agent/Broker

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Date of application \_\_\_\_\_