

Mid America Specialty Markets 2800 Forum Blvd Suite 4B Columbia, MO 65203 573-447-4990 agencymail@midaminsurance.com

Games of Chance Questionnaire

Policy Number:

(Attach an Acord Application)

Applicant's name			
Address			
Street Applicant's website address		City	State Zip
1)	Date of application:		
2)	Name of the event:		
3)	Location of the event:		
4)	Date(s) of the event:		
5)	Describe the event:		
6)	Distance(s):		
7)	Total Number of Attempts:		
8)	Total Number of Contestants:	Amateur Professi	onal
9)	Total Prize Value:		\$
The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.			
Applicant's Signature			Date
	Agent's Signature	Agency Name	Date

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