



GAME OF CHANCE
SURETY BOND

APPLICATION

NOTE: The accuracy and timeliness of completing this bond application is ultimately the responsibility of the Principal. Any fines or penalties imposed in either state for violating that state's specific regulation will be the sole responsibility of the Principal and not SCA Promotions, Inc.

Name of Person Completing Application: _____ Date _____

Is this an Intermediary for the Principal? Yes [] No []

Name & Address of Company where bond(s) should be returned: _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____

Principal/Company Name on Bond (entity the bond is guaranteeing financial stability for):

Address _____

City _____ State _____ Zip _____ Telephone _____

Officer Name authorized to sign the Indemnity Agreement for the principal/company (name & title)

Principal's State of Incorporation: _____

Bond Amount \$ _____ (BOND AMOUNTS OVER \$250,000 WILL REQUIRE FURTHER UNDERWRITING REVIEW BY THE SURETY COMPANY PRIOR TO ISSUING THE REQUESTED BOND(S) AND WILL REQUIRE ADDITIONAL TIME FOR PROCESSING THE BOND(S).)

Indicate which state(s) a Bond is needed: (NOTE: RI only requires promotion registration, not a bond)

Florida Yes [] No [] New York Yes [] No [] Rhode Island Yes [] No []

Contest Effective Date _____ (actual date when promotion goes live or advertised to the public)

Contest Termination Date _____

Describe Contest _____

Game Promotion Name (to be shown only on FL bond) _____

Contract# _____

Signature of Person Completing Application: _____

SCA Promotions, Inc., 8300 Douglas Avenue, 6th Floor, Dallas, Texas 75225
Tel: 214-860-3700 Fax: 214-860-3477 or Main Fax: 214-860-3740

IF THIS BOND REQUEST IS NOT ASSOCIATED WITH A SCA CONTRACT, PLEASE READ & EXECUTE

INDEMNITY AGREEMENT

The undersigned and each of them hereby certify that each statement herein contained is true and that the statement and/or answers to the questions is made for the purpose of inducing the Surety to execute certain bond or undertakings without demanding collateral security for the full amount of the bond. In consideration of the execution of this bond by the Surety, the undersigned (Applicant) hereby agrees

1. To pay to Surety upon demand
 - a. A sum of money equal to any reserve set up by Surety to cover any liability, claim, suit or judgment against said bond
 - b. To indemnify the Surety and hold harmless the Surety from any and all liability, damages, loss, costs, expenses, of every kind and nature including attorney's fees which the Surety may sustain or incur in consequence of having executed said bond(s) or enforcing the terms of this agreement against any of the undersigned, or in procuring or attempting to procure its release from liability under said bond.
2. Surety shall have exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be paid, compromised, defended or appealed.
3. An itemized statement of loss and expense incurred by the Surety, sworn to by an officer of the Surety, shall be prima facia evidence of the fact and extent of Applicant's obligation to the Surety.
4. It is understood and agreed that the premium for this bond is fully earned upon issuance.

Signed and dated this _____ day of _____, _____

SIGNATURE OF APPLICANT FOR BOND

IMPORTANT
If Sole Owner, applicant must sign for firm
If Partnership, all partners must sign
If Corporation, authorized officer must sign

Principal Name (your company name)

X _____
Sign/Principal

X _____
Print

Please provide the following for the Surety Company's approval:

- A copy of the promotion's official rules (final draft)
- For Bond requests with a SCA Contract: copy of signed contract
- For Bond Only requests: the principal's financial statement (balance sheet, cash flow statement, income statement, etc.)
- For Bond Only requests: executed Indemnity Agreement by principal

FOR SCA PURPOSES ONLY

Type of bond requested and documents required for each:

- | | |
|--|--|
| <input type="checkbox"/> Game of Chance w/an SCA Contract | Bond Rate per thousand \$ _____ |
| Executed Contract | |
| Official Rules | |
| <input type="checkbox"/> Bond Only | Total \$ _____ |
| Bond App/Indemnity Agreement | |
| Official Rules | Term: _____ |
| Financials | # of days/weeks/years |
| <input type="checkbox"/> Performance Bond | Contract#: _____ |
| Executed Contract | Bond amount \$ _____ |

Surety Company Used:

- Capitol Indemnity**

Bond renewal needed upon termination of bond?

- Yes**
 No

Processed by: _____

Date: _____