



COVERAGE GUARANTEE ASSOCIATION

APPLICATION FOR MAGIC NUMBER SAFE

NAME OF CONTACT: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

DATE START OF PROMOTION(S): _____

DATE END OF PROMOTION(S): _____

EVENT LOCATION: _____

DESCRIPTION OF EVENT/CONTEST: _____

PRIZE VALUE: _____ CHECK ONE: CASH _____ ANNUITY _____

NUMBER OF ATTEMPTS: _____ NUMBER OF POTENTIAL WINNERS: _____

NUMBER OF DIGITS BEING USED: _____

ADDRESS WHERE TO SEND SAFE: _____

CGA, Inc.

Toll Free: 1-800-242-7789

Fax: 574-271-1747

Visit the web: www.cgainc.com

Or E-mail: info@cgainc.com

OFFICE USE:

PRICE(S) QUOTED: _____

DATE QUOTED: _____

CGA ASSOCIATE INITIALS: _____