



prize indemnity underwriters inc.

204 Division Street, Suite 250, Cobourg, ON K9A 3P7

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Prize Indemnity Odds Based Contest Application

1. Name of Insured: _____
Address: _____
City: _____ Province: _____ Postal Code _____
Phone: _____ e-mail: _____

2. Name of Broker: _____
Address: _____
City: _____ Province: _____ Postal Code _____
Phone: _____ e-mail: _____

3. Name of the event/promotion:

4. Type of Event / Promotion:

5. Are odds, statistics, or probabilities of a winner available for your custom event? If so please indicate, including history of winners and data source. Please attach documents as necessary.

6. Date(s) and location of the event/promotion:

7. Prize Value and Description:

8. Number of Participants:

9. Full details of how prize(s) will be won. Please provide as much detail as possible **including** how contestants are chosen and any qualifying rounds, using a separate sheet if necessary. If rules are available please attach. If a Web Link or Event Website Address is available please add.

- I. For a Dice Roll Contest Please include the Number of Dice (4 Minimum)
- II. For a Bingo Coverall Contest please Include the Number of cards to be played
- III. For a Bingo Coverall Contest please include the number of Calls (50 Maximum)
- IV. For a Crack the safe Contest please include the Number of Digits (4 Minimum)
- V. For a Poker Contest please include the Number of hands to be played
- VI. For a Key Pick Contest please include the number of Keys required (100 – 250)
- VII. For a Rubber Duck Race please include the number of Ducks.
- VIII. For a Ball Drop or Puck Toss please add the number of Balls or Pucks

10. Have you had past experience holding events/promotions of this kind? Yes_____ No_____ If yes, please explain.

11. Within the last five (5) years, has the proposed Insured ever filed an Insurance claim for a similar event/promotion? Yes_____ No_____ If yes, please explain.

12. Has the proposed Insured ever had similar Insurance (as applied for herein) declined, cancelled or renewal refused? Yes_____ No_____ If yes, please explain.

DECLARATION

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the Insurance Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form the basis of the Insurance policy.

I agree to advise Prize Indemnity Underwriters of any change in the information detailed in this Application which takes place prior to the commencement of the event/promotion.

Signature of Insured

Date

Print Name and Title

Name of Insurance Broker

Date

Name of Agency