

Generic Prize Indemnity Application
Cambrian Special Risks Insurance Services

130 Paris Street
Sudbury ON P3E 3E1
Phone: (888) 339-6069 Fax: (866)-308-2784
Email: quotes@cambrianspecialrisks.com

SECTION 1: APPLICANT INFORMATION

1. Name of Applicant:

2. Address:

Street Number

Street Name

Apartment / Suite Number

City:

Province:

Postal Code:

SECTION 2: UNDERWRITING INFORMATION

1. Name of the event/promotion:

2. Type of event/promotion (Basketball Shot, Collect & Win, Poker Run etc.)

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

4. What is the value of the available prize(s) to be insured? \$ _____

5. Please provide the full details of how prize(s) will be won:

6. Estimated number of participants & describe the FULL selection/qualifying process: _____

7. Number of game pieces to be distributed (if applicable): _____

8. Have you had past experience holding events/promotions of this kind?
If "Yes", please explain.

Yes No

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

Yes No

10. Has the proposed Insured ever had similar Insurance (as applied for herein) declined, canceled or renewal refused?
If "Yes", please explain.

Yes No

11. Are Official Rules available?
If "Yes", please attach a copy to this application.

Yes No

SECTION 3: DECLARATION

I/we hereby declare that the above statements are to my/our knowledge true and that I/we have not suppressed or misstated any material facts and I/we propose that these statements shall be the basis of the contract which I/we wish to take.

We confirm that the proposed promotion is legal and that any competition element conforms with the current legislation relevant to such competitions.

PLEASE NOTE: This insurance excludes any error or omission by you, your agents or contractors that would give rise to a prize not otherwise covered under the terms and conditions of the coverage.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

BROKER CONTACT INFORMATION			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	