

**Tagged Fish Tournament 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 Event:
2. Number of Years Event in Existence:
3. Type of Event/Promotion/Competition: (Please provide details)
4. Date(s) of Event(s):
5. Time of Tournament:
6. Species of fish involved:
7. Number of Entrants:
8. Number of Boats:
9. Location(s) of Event (include whether river, lake or ocean):
10. Surface area of water in acres:
11. Amount to be insured: \$_____
12. Please provide the full details of how prize(s) will be won:

13. 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
14. Details of insurance declined or cancelled.

THE COVERAGE OFFERED IS SUBJECT TO THE FOLLOWING WARRANTIES

1. Only amateurs will be allowed to participate. (An amateur is anyone who does not use this sport as a means of livelihood).

2. Only one rod and line will be used per entrant other than in salt water tournaments when charter boats are allowed.
3. All entrants will be officially registered and no additional registrations will be allowed after commencement of the Event/Tournament.
4. A witness will sign an affidavit in support of the winner's claim.
5. A Marine Biologist or equivalent (authorized by the Insurer) will be present to check, examine and verify winning fish.
6. Fish presented for claim must be alive.
7. Lakes or rivers may not be temporarily dammed for this Event/Tournament.
8. The use of nets to catch fish is prohibited.
9. A specifically identifiable non-metallic tag will be used.
10. The location of released tagged fish will not be known to entrants.
11. Tagged fish will be wild or indigenous to the area.
12. Record of the point of release of tagged fish will be kept.
13. Organizers of the event and their families and person(s) who released tagged fish will be excluded from the Event/Tournament.
14. Three fish per prize will be tagged and the number on the tags will be reported on the Tag & Release Certification to Prize Indemnity Underwriters Inc. Prize Indemnity Underwriters Inc. will select the sole winning tag number(s).
15. Fish must be released by the Ministry of Natural Resources, a Marine Biologist or an individual approved by the Insurer.
16. Tagged fish must be released no less than three (3) days and not more than two weeks (14 days) prior to the Event/Tournament date.
17. All claims must be presented within seven (7) days of the close of the event(s).
18. A polygraph of winning Entrant may be required.
19. A photo of the winning fish and Entrant will be submitted with the "Claims Form" and may be used without cost in promotional material by Prize Indemnity Underwriters Inc.

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:	