



2 Norfolk St. South, Simcoe, On N3Y 2V9
 Phone: 800-265-8098 Fax: 519-428-5661
 E-mail: Ontario@palcanada.com Web: www.palcanada.com

PRIZE INDEMNITY INSURANCE APPLICATION

SECTION 1 – BROKER INFORMATION

Agent / Broker Name _____ E-mail address _____

Contact Person _____ Street Address _____

City _____ Province _____ Postal Code _____

Phone # _____ Fax# _____

SECTION 2 – APPLICANT INFORMATION

Name _____ E-mail address _____

Contact Person _____ Street Address _____

City _____ Province _____ Postal Code _____

Phone # _____ Fax # _____

SECTION 3 – CONTEST / EVENT INFORMATION

Hockey Scorco _____	Basketball ¾ Court Shot _____	Nerf Football Toss _____	Other (please provide details) _____
Envelope Draw _____	Basketball ½ Court Shot _____	Football Target Toss _____	_____
Rapid Fire (hockey) _____	Basketball 2 of 3 _____	Field Goal Progressive _____	_____
Golf Putt _____	Progressive Basketball _____	Field Goal Kick _____	_____
Golden Goal _____	Armchair Quarterback _____	Flat Bed Field Goal _____	_____

Name of Contest / Event _____ Location of contest _____
 _____ City _____ Province _____ Postal Code _____

Date of contest / event From: _____ To: _____ Total Number of Days _____
12:01 a.m. Standard Time at the Postal Address of the Applicant stated herein

Are official rules and / or regulations for the contest / event available? Yes _____ No _____ If "yes", please have them accompany the application.
 Please provide full details on how Participants are selected _____

Number of Participants _____ Number of Attempts per participant _____ Total Number of Attempts _____
 Prize Value \$ _____ Cash _____ or Other _____ Annuity: _____ 20 year _____ 40 year
 Please provide full details of how prize(s) will be won _____

Has the Applicant had past experience holding contests / events of this kind? Yes _____ No _____ If "yes", please provide an explanation _____

Has the Applicant previously had similar insurance declined or cancelled? Yes _____ No _____
 If you checked "yes", please give name of the Insurer and the reason for denial/cancellation _____

Has Applicant experienced any losses, within the past five years, under this or any similar type of event, whether insured or not? Yes _____ No _____
 If you checked "yes", please give details regarding the loss _____

SECTION 4 – WARRANTIES

This coverage applied for is subject to the warranties, terms, conditions, limitations, exclusions and endorsements of the Insurance Policy to be issued.

SECTION 5 – DECLARATIONS

By signing below, I acknowledge that I understand that coverage is subject to the warranties, terms, conditions, limitations and exclusions of the Insurance Policy to be issued in addition to the Underwriter's approval. I understand that certain clauses contained in the Policy may limit or exclude coverage and that upon receipt of the Policy I should read it carefully. I declare that the information I have provided is complete and true to the best of my knowledge. I also understand that this application will form a part of the Insurance Policy and that any quote received is only valid for 30 days. If I am the Broker signing this application on behalf of the Applicant, I certify that I have read the above paragraph to the Applicant who has verified that they acknowledge and understand its contents.

Date (mm/dd/yyyy) _____ Signature _____