

Prize Indemnity Application

Weather Contest

BROKER SUBMISSION

2 Norfolk Street South Simcoe, ON N3Y 2V9

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www.palcanada.com



This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided in the application. The Applicant warrants the information provided is accurate, true, and complete.

Name of Insured: _____

Contact Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Company Type: _____

Contest Type: Rain Accumulation Snow Accumulation Minimum Temperature

Sales period start date: _____ (MM/DD/YY) to: _____ (MM/DD/YY)

Estimated total sales during sales period: \$ _____ *Preferred peril date: _____ (MM/DD/YY)

Store Location: _____

Complete physical address required.

PERIL OPTIONS

Rain Total Accumulation: ¼" ½" ¾" 1" 1.5" 2" Other: _____

Snow Total Accumulation: 2" 3" 4" 5" 6" 7" Other: _____

Temperature Minimum: 95° 96° 97° 98° 99° 100° Other: _____

Has the applicant had weather insurance before: Yes No

If Yes, please provide when and which carrier: _____

Loss History: _____

CLAIMS SETTLEMENT

Closest National Weather Station: _____

On-Site Independent Weather Observer: _____

Weather Watch (Third Party Doppler Radar Monitoring System): _____

If an approved independent weather observer is not secured by the Assured, for purposes of claim verification, PAL will designate the closest approved recording station in the terms of the contract. Should the Insured require additional information regarding an observer please contact PAL.

Coverage is subject to a completed application, payment of half the premium on or before the start date of the sales period, and acceptance/ approval by PAL. Final premium is due, based on final sales, immediately following the last date of the sales period. Additional/ Return premium will be rated accordingly.

***The sales period must end a minimum of 14 days prior to the weather peril date.**

Weather insurance is prepaid, fully earned and may not be cancelled.

Insured Signature: _____ Date: _____

BROKERAGE/ COMPANY: _____

Broker/ Agent: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Broker/ Agent E-Mail: _____

*Broker/ Agent Signature: _____

*By signing this application, you are stating that you and your brokerage are compliant with the PIPEDA.