

# Prize Indemnity Application

CLIENT SUBMISSION

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*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: \_\_\_\_\_

## EVENT INFORMATION For multiple contests, a schedule must be attached.

- |  |  |   |  |   |
|--|--|---|--|---|
| <input type="checkbox"/> Basketball ¾ Court Shot | <input type="checkbox"/> Crack the Code<br>Number of digits: _____ | <input type="checkbox"/> Football Target Toss   | <input type="checkbox"/> Curling- Draw to Button | <input type="checkbox"/> Hockey Scoro<br><input type="checkbox"/> Far Blue Line (114') <input type="checkbox"/> Centre Line (89') |
| <input type="checkbox"/> Basketball ½ Court Shot | <input type="checkbox"/> Progressive Basketball                    | <input type="checkbox"/> Field Goal Progressive | <input type="checkbox"/> Golf Putt               | <input type="checkbox"/> Rapid Fire (hockey)<br>20 pucks in 20 seconds  |
| <input type="checkbox"/> Basketball 2 of 3       | <input type="checkbox"/> Nerf Football Toss                        | <input type="checkbox"/> Field Goal Kick        | <input type="checkbox"/> Golden Goal             |   |
| <input type="checkbox"/> Other: _____            |  |   |  |   |

Name of Contest/ Event: \_\_\_\_\_

Location of Contest/ Event: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Contest/ Event: \_\_\_\_\_ (MM/DD/YY) To: \_\_\_\_\_ (MM/DD/YY)

Total Number of Days: \_\_\_\_\_

Please attach official rules and/or regulations for the contest/ event, if available.

How are participants selected: \_\_\_\_\_

Number of participants per day: \_\_\_\_\_ Number of attempts per participant: \_\_\_\_\_

Total number of attempts: \_\_\_\_\_

Prize value: \$ \_\_\_\_\_  Cash  Other: \_\_\_\_\_ Annuity:  20 years  40 years

How will prize be won: \_\_\_\_\_

Past experience holding contests/ events of this nature: \_\_\_\_\_

Loss history, within the last five years, for this or any similar type of event: \_\_\_\_\_

Has similar insurance been declined or cancelled: \_\_\_\_\_

WARRANTIES: The coverage applied for is subject to the warranties, terms, conditions, limitations, exclusions, and endorsements of the Insurance Policy.

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 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 part of the Insurance Policy and that any quotation received based on this application is valid for 30 days only. PLEASE READ TERMS AND CONDITIONS FOR FULL DETAILS.

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_