

# 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.

Basketball  $\frac{3}{4}$  Court Shot     Crack the Code     Football Target Toss     Envelope Draw     Hockey Scor  
Number of digits: \_\_\_\_\_    1 out of 100     Far Blue Line (114')

Basketball  $\frac{1}{2}$  Court Shot     Hidden Hand     Field Goal Progressive     Golf Putt     Rapid Fire (hockey)  
20 pucks in 20 seconds

Basketball 2 of 3     Nerf Football Toss     Field Goal Kick     Golden Goal     Curling- Draw to Button     Toonie Toss

Progressive Basketball     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: \_\_\_\_\_

### Prize Indemnity Application ~ Client Submission

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

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: \_\_\_\_\_

Email: \_\_\_\_\_

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