



5800 Explorer Drive, Suite101  
 Mississauga, ON L4W 5K9  
 905-602-9339 or 800-753-2632  
 Fax: 905-602-9141  
 www.kandkcanada.com  
 K&K Insurance Brokers, Inc. Canada

## PRIZE INDEMNITY INSURANCE APPLICATION

Policy period required from: \_\_\_\_\_ to \_\_\_\_\_  
 (Year) (Year)

### INSURED

1. Named Insured as it is to appear on policy: \_\_\_\_\_

2. Insured is:  Corporation  Partnership  Individual  Joint Venture  
 Other: \_\_\_\_\_

3. a) Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Web Site: \_\_\_\_\_

### BROKER

1. Name of Agent/Brokerage: \_\_\_\_\_  
 2. Contact Person: \_\_\_\_\_  
 3. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

### EVENT DETAILS

- Please provide name or title of promotion(s) or event(s) to be insured:  
 \_\_\_\_\_
- Please provide full details of the promotion(s) or event(s) including mechanics, rules and regulations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Has this type of promotion(s) or event(s) been held before?  Yes  No  
 If yes, please give full details, including, but not limited to, any occurrence that could have resulted or did result in financial loss: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What is the involvement(s) of the Applicant in the promotion(s) or event(s)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- What is the experience of the Applicant in this capacity? \_\_\_\_\_  
 \_\_\_\_\_
- Are events held held:  Indoors  Outdoors  Under Canvas  
 Other: \_\_\_\_\_

7. Please provide the following information on the promotion(s) or event(s):

Promotion of Event	Date	Venue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. How will the promotion(s) or event(s) be overseen or supervised and who will provide such oversight and supervision?

\_\_\_\_\_

\_\_\_\_\_

**The underwriters or insurers may appoint an independent firm to provide such oversight and supervision, the cost of which shall be borne by the Applicant / Insured in addition to the premium unless specifically agreed otherwise by the insurers.**

9. Will the event be videotaped live with witnesses and/or judges?  Yes  No

**10. Participants:**

- a) Total Number of Participants: \_\_\_\_\_
- b) How many attempts can each participant have? \_\_\_\_\_

**11. Insurance Requirement:**

- a) What limit of indemnity is required? \$ \_\_\_\_\_
- b) Do these sums represent the full extent of your financial responsibility?  Yes  No  
If no, please give details: \_\_\_\_\_  
\_\_\_\_\_
- c) Loss Payee (if other than the applicant stated in Question 1)? \_\_\_\_\_

**12. Contractual Arrangements:**

- a) Can you confirm that all the necessary contractual arrangements will be put in place in a timely manner and these will be valid for the period of the Insured promotion(s) or event(s)?  Yes  No  N/A
- b) Have you sought legal advice, whether in-house or independent, on the legality of the proposed promotion(s) or event(s)?  Yes  No

**Please note that you must observe and comply with all applicable laws, ordinances and regulations whether, where applicable, national, provincial, or municipal**

13. Other circumstances that may effect proposal not subject to specific inquiry above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. Additional Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**

Completion and signing of this application does not bind the applicant or the Company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. The applicant's firm order based on a quotation by the Company is required before risk may be bound and a policy be issued.

I have read and am aware of the contents of this application which will form part of the policy if accepted and issued by the Company.

Name of Insured: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_