



MISCELLANEOUS PRIZE INDEMNITY
INSURANCE APPLICATION

Cambrian Special Risks*

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Name of Broker

Address of Broker

Telephone

Fax

Name of Insured:

Address of Insured:

Name of Event:

Number of Years Event in Existence_____

Type of Event/Promotion/Competition: (Please provide details)

Date(s) of Event(s):

Period of Insurance:

Are Event(s) held: _____Indoors_____Outdoors_____Under Canvas

Location(s) of Event (include address)_____

Brick locations in Canada including Quebec as per rules and regulations

SUM INSURED:__\$ _____CDN_____

Please provide the full details of how prize(s) will be won:

Estimated number of participants & describe the FULL selection/qualifying process:

Within the last five (5) years, has the proposed Insured ever filed an Insurance claim for a similar event/promotion Yes ___ No ___ x ___ If yes, please explain. _____

Details of insurance declined or cancelled: _____ No _____

Details of security process surrounding the promotion (if applicable): _____

Other circumstances that may effect proposal not subject to specific enquiry above:

Are Official Rules available? Yes ___ x ___ No ___ If yes, please attach a copy to this Application.

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 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 APPLICANT _____ DATE _____

PRODUCING BROKER _____

**Cambrian Special Risks is a division of Cambrian Insurance Brokers Limited*