

Application for Promotion Insurance

Instructions On Completing This Form:

The Applicant(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Applicant(s) knows or ought to know. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium). For these purposes, the Applicant(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Applicant(s) also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Applicant(s) should therefore conduct a reasonable search of such information. The Applicant(s) must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Application Form and any appendices ('Application Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Application Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Application Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Applicant(s) should contact their insurance broker.

Upon completion, please sign and return this form to your Insured Creativity representative or to info@insuredcreativity.com and include the following where applicable:

- Contest Terms and Conditions
- Artwork relating to advertising
- Media schedules
- Sample of product packaging and proof of purchase

We strongly urge that you retain a copy of this proposal.

Please approach us with any questions you may have. We look forward to working with you.

Please complete the following:

Agency Information:

Contact Name:			
Company:			
Address:			
City:		State/Province:	
Country:		Postal Code/Zip:	
Telephone:		Email:	

Broker Information:

Contact Name:			
Company:			
Address:			
City:		State/Province:	
Country:		Postal Code/Zip:	
Telephone:		Email:	

Insured Information:

Contact Name:			
Company:			
Nature of Business:			
Address:			
City:		State/Province:	
Country:		Postal Code/Zip:	
Telephone:		Email:	

Promotion Information:

Promotion Name(s):	
Description:	
Is the promotion tied to a consumer product:	<input type="checkbox"/> New <input type="checkbox"/> Re-Launched
Product Name:	
Annual Sales volume in units:	
Will additional product be distributed to market for the promotion:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state amount/volume:
Normal shelf life: How many weeks/months do you expect volume of the product to sell through to consumers:	
Geographical distribution of product:	
What types of outlets / retail chains would normally sell the product:	<input type="checkbox"/> Supermarkets: <input type="checkbox"/> Local Grocers: <input type="checkbox"/> Beverage Store: <input type="checkbox"/> Restaurants: <input type="checkbox"/> Gas Stations: <input type="checkbox"/> Other – please specify:
Which of the following terms best describes the promotion mechanic? Check all that apply:	<input type="checkbox"/> Rebate or Conditional Rebate <input type="checkbox"/> Coupon <input type="checkbox"/> Free Mail-In <input type="checkbox"/> Instant Win <input type="checkbox"/> Try Me Free <input type="checkbox"/> Money Back Guarantee <input type="checkbox"/> Collect & Win or Scratch & Win or Watch & Win <input type="checkbox"/> Other – please specify:
What is the promotional objective (e.g. distribution / awareness / market penetration /	

repeat purchase, etc.):	
How is the promotion communicated (e.g. leaflet / on pack, etc.):	
Are any other discounts / offers in effect on same product during the promotion period, provide detail:	

Participating Product Information:

Product Description and Size	# of Units of Product Applicable to Promotion	Annual Units of Sale	Consumer Retail Price (Minimum)	Consumer Retail Price (Maximum)

Period of Promotion:

Promotion Start Date:		Promotion End Date:	
Final Redemption Date for Consumers:		Final Redemption Date for Retailers (if applicable):	
If promotion is limited by stock availability, what is the normal period that promotional stock will be available:			

Offer Details:

Describe the type / nature of the offer / reward to the consumer:	
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Where is it offered (e.g. digital, under the cap, distributed via mail, in product, on product):	
How is the offer redeemed by the consumer:	<input type="checkbox"/> Mail-in to a fulfillment/handling house <input type="checkbox"/> Redeem at retail outlet <input type="checkbox"/> Digital Redemption <input type="checkbox"/> Other – please specify:
How many proofs of purchase are required and are there any other items that need to be collected to enable the consumer to make a valid claim:	
Is the offer restricted exclusively to flashed promotional packs:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, advise total universe of packs available during promotional period:
Is it possible to remove the proof of purchase without purchasing the product:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide additional details:
Is the offer restricted to one per household:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, give full details on any restrictions applicable:
Is the promotion available nationally:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of All Advertising:

Provide details of all promotional or advertising activity running concurrently with the promotional period that could impact on the response to the promotion. Include the cost of any media advertising purchased stating whether advertising message mentions the promotion:

Type:	Amount Spent:	Details: (i.e. number of spots)
TV:		
Radio:		
Newspapers:		
Magazines:		
Point of Sale:		
Online (email banner ads, etc.):		

Other – please specify:		
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Other Promotional Activity:

Describe any related promotional activity (e.g. in-store promotion):	
Is any other publicity used which mentions the promotion (e.g. celebrity appearances, sales force, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:

Fulfillment / Handling House:

Is a fulfillment / handling house involved in the promotion:	<input type="checkbox"/> Yes (3 rd Party) <input type="checkbox"/> IC Group If Yes, provide contact information:
Have they had experience in handling similar promotions:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:
Have you used this fulfillment / handling house before:	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, was it a referral:

Insurance:

Please identify your cost and anticipated response rate as a percentage and equivalent monetary value:

Product Description and Size	# of Units of Product Applicable to Promotion	Fulfillment Cost / Unit Redeemed (If this cost is to be insured)	Value of Offer to Consumer	Estimated Redemption (%)

Coverage Sought:

<input type="checkbox"/> Ground Up Coverage		
<input type="checkbox"/> Excess Cover (please complete information below)		
Amount of Cover Required:		
Percentage:	From:	To:
Dollar Value:	From:	To:

To Be Answered by the Client (Insured):

Over the past three years:	
Please supply the historical data that will provide support for your disclosed estimated redemption (product and retail value, nature of offer, estimated and actual redemption):	
Have you experienced any promotions where final responses exceeded your anticipated response rate, or that have resulted in filing a claim:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:
Have you ever been declined insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details:

DECLARATION:

I/we confirm that the information given in this Application Form including any attachment(s) provided to support this Application, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent underwriter’s assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters, and circumstances were the subject of a specific question in this Application Form. If there are any material matters or circumstances not specifically covered by a question in this Application Form, I/we have listed these on a separate sheet of paper which is signed and dated and attached. I/we the Applicant(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

It is understood that the signing of this Application Form does not bind the Applicant(s) to complete or Underwriters to accept this insurance.

I/we the Applicant(s) also agree that in the event any information contained in any completed Application Form and/or supplied to support this Application Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the Application for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Application Form is duly authorized to do so on behalf of the Applicant(s).

By submitting this application, I/we consent to the collection, use and disclosure of personal information as defined in our Privacy Policy found on Insured Creativity Inc.’s website.

Generally, information is collected and stored for the following purposes:

- the communication with Lloyd’s policyholders
- the underwriting of policies
- the evaluation of claims
- the analysis of business results
- purposes required or authorized by law

For the purposes identified, personal information may be disclosed to Lloyd’s related or affiliated organizations or companies, their agents, and to certain non-related or unaffiliated organizations or companies, including service providers. These entities may be located outside Canada therefore a customer’s information may be processed in a foreign jurisdiction and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Signing this proposal form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Agency			
Signature:		Date:	
Name:		Position:	

Client			
Signature:		Date:	
Name:		Position:	