



Application for Skill-Based Games 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 underwriting@insuredcreativity.com and include the following where applicable:

- Contest Terms and Conditions

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:

Applicant / Insured Information:

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

Event Details:

Name of Event:			
Event Date:			
Address:			
City:		Province/State:	
Country:		Postal Code/Zip:	



What type of challenge would you like to offer a prize award for?

Baseball

Successfully get the ball through the target from throwing at the distance below for the chance to win!

	Throw distance	Number of Attempts	Sum Insured
☐	60 ft		

Basketball

A popular challenge at any basketball event or as a fundraiser; contestants must sink the basketball from any of the distances below, or combination of these distances for the chance to win a prize.

	Basketball Shot	Number of Attempts	Sum Insured
☐	Half-Court Shot		
☐	Far Foul Line Shot (3/4 court)		
☐	Full Court Shot (far baseline 91.5 feet)		
☐	Free Throw, and Three Points, and Half-Court and Full Court Shots		
☐	Lay-up, and Free Throw, and Three Points and Half-Court Shots		

Hockey Score

You could win a prize if you shoot and score into the target from any of the distances below.

	Distance from the net	Number of Attempts	Sum Insured
☐	90 feet (center ice)		
☐	120 feet (far blue line)		

North American Football – Kick

A popular challenge at any football game, successfully kick the football from the distance below through your target for their chance to win!

	Kick from	Number of Attempts	Sum Insured
☐	40 yards		
☐	45 yards		
☐	50 yards		



North American Football – Throw

Contestants must successfully throw the football from the distance below through your target for their chance to win!

	Throw from	Number of Attempts	Sum Insured
☐	30 yards		

Material Facts and Special Non-Standard Requests:

Does the Applicant have:		
a. any further Material Facts to disclose (Material Facts are those facts which might influence the acceptance or assessment of the Proposal), or	☐ Yes	☐ No
b. any Special Non-Standard request for Coverage which you wish Underwriters to consider	☐ Yes	☐ No
Please enter any Material Facts or special coverage requests below:		

Other Program Details:

Please define any further details about your promotion and/or event that have not been outlined above.



DECLARATION:

This section to be completed by the Client (Insured).

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 any material matters or circumstances are not specifically covered by a question in this Application Form, 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 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 the Privacy Policy found on Insured Creativity Inc.'s website.

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

- The communication with 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 form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

Signature: _____

Date: _____

Name: _____

Position: _____