



Application for Prize Insurance – Probability Games

Instructions On Completing This 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 broker.

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

Insured Information:

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

Event Details:

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

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

Bag Game

Choose the specified number of bags to try your luck at finding the winning messages!

	Number of winning messages to be found	Sum Insured
<input type="checkbox"/>	1 of 100	
<input type="checkbox"/>	2 of 15	
<input type="checkbox"/>	3 of 9	
<input type="checkbox"/>	3 of 10	
<input type="checkbox"/>	3 of 12	
<input type="checkbox"/>	3 of 15	

Crack the Safe

Guess the secret combination on the lock for your chance to win the prize secured inside. Select the number of digits in the combinations. Common examples include:

	Digits	Number of Attempts	Sum Insured
<input type="checkbox"/>	4		
<input type="checkbox"/>	5		
<input type="checkbox"/>	6		
<input type="checkbox"/>			

Lucky Five

Keep choosing from forty sealed envelopes until you've revealed a matching five sealed messages. You win the corresponding prize named in the five matching envelopes!

	Number of Insured Bags	Sum Insured
<input type="checkbox"/>	5 matching envelope inserts – Prize Level A	
<input type="checkbox"/>	6 matching envelope inserts – Prize Level B	
<input type="checkbox"/>	9 matching envelope inserts – Prize Level C	

Poker

Choose five sealed envelopes to reveal your poker hand! If the hand matches any of the prize levels, the player is eligible to win the corresponding prize!

	Number of Insured Prize Levels	Sum Insured
<input type="checkbox"/>	Prize Level A – Royal Flush	
<input type="checkbox"/>	Prize Level B – 4 of a Kind	
<input type="checkbox"/>	Prize Level C – Full House	
<input type="checkbox"/>	Prize Level D – Straight	
<input type="checkbox"/>	Prize Level E – 3 of a Kind	
<input type="checkbox"/>	Prize Level F – 2 pair	

Roll the Dice

An interesting event that is exciting and fun for contestants and on-lookers. Roll the dice and if the faces match, you could be a winner!

	Number of Dice	Number of Attempts	Sum Insured
<input type="checkbox"/>	5 Dice	<input type="checkbox"/> 5	
<input type="checkbox"/>	6 Dice	<input type="checkbox"/> 5 <input type="checkbox"/> 6	
<input type="checkbox"/>	7 Dice	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	

Other Program Details:

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



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.

Signature:		Date:	
Name:		Position:	