

Prize indemnity

Application form United Kingdom



INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY DETAILS

Address:

from

Insured company:

1.1 Please state the name and address of the	company tor whom	this insurance	is required:
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Posto		Postcode:	
	Website:	E-mail:	
	Contact name:		
L			
ION :	2: THE PRIZE OFFER		
Pled	ase state the following:		
	the name of the prize offer:		
Г			
b)	the location of the prize offer (if the prize o	ffer is online, please provide the website address):	
Γ			
L			
c)	the date or period of the prize offer:		



2.2	2.2 Please provide full details of the prize offer, including how a contestant can claim the prize, and continue on the ADDITIONAL INFORMATION page if necessary:				
2.3	Pleas	e state:			
	a)	whether you have previously organised an identical or similar prize offer: Yes No			
		If yes, please provide full details, including whether a contestant won the prize, and continue on the ADDITIONAL INFORMATION page if necessary:			
	b)	what risk management procedures will be in place to prevent fraud:			
		how the risk management procedures will be monitored to ensure they are complied with:			
	c)	now the risk management procedures will be monitored to ensure they are compiled with:			
2.4	Pleas	e state the maximum number of:			
	a)	contestants:			
	·				
	b)	attempts each contestant can make to try to claim the prize:			



020	3: INSURANCE HISTORY		
3.1 Have you ever:			
a)	made a claim for prize indemnity insurance?	Yes	No
b)	had prize indemnity insurance declined by any insurer?	Yes	No
If you	u have answered yes to a) or b) please provide full details, and continue on the ADDITIONAL INFO.	RMATION page	e if necessary:
SECTION	4: INSURANCE REQUIREMENTS		
	4: INSURANCE REQUIREMENTS e state:		
4.1 Pleas	e state:		
4.1 Pleas	e state: the value of the prize(s):	Yes	No
4.1 Pleas a) b)	e state: the value of the prize(s): the limit of indemnity required:	Yes	No No
4.1 Pleas a) b)	e state: the value of the prize(s): the limit of indemnity required: whether the limit of indemnity is the full extent of your responsibility:	Yes	No No
4.1 Pleas a) b)	e state: the value of the prize(s): the limit of indemnity required: whether the limit of indemnity is the full extent of your responsibility:	Yes	No No
4.1 Pleas a) b)	e state: the value of the prize(s): the limit of indemnity required: whether the limit of indemnity is the full extent of your responsibility:	Yes	No



SECTION 5: DECLARATIONS

I declare that:

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a)

b)

a copy of the terms and conditions of the prize offer:

any artwork relating to the prize offer:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed:	Full name:			
Position held:		Date:		
OSURES				
nfirm that I have enclosed the following v	vith this application form:			



ADDITIONAL INFORMATION:	