

Promotions insurance

Application form Canada



INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the promotion insurance policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all material circumstances which may be relevant to our consideration of your application for insurance.

HOW TO COMPLETE THIS FORM

This form should be completed by a senior executive officer of the applicant firm who should make all necessary inquiries to enable all of the questions to be answered.

SECTION 1: COMPANY DETAILS

Insured company:		
Address:		
City:	Postal code:	
Website:	E-mail:	
Contact name:		
ON 2: THE PRODUCT		
Please state the following:		
	ted:	
Please state the following:	ted:	
Please state the following:	ted:	
lease state the following:	ted:	
Please state the following: a) the name of the product(s) being promo	ted:	
Please state the following: a) the name of the product(s) being promo	ted:	
Please state the following: a) the name of the product(s) being promo	ted:	
Please state the following: a) the name of the product(s) being promo	ted:	
Please state the following: a) the name of the product(s) being promo	ted:	



2.3	Please state:					
	a) the market share of the	product:				%
	b) target audience of the	product:				
	c) the average rate of sale	e of the product per house	ehold per month:			
2.4	Please state the percentage	of product sales via the fo	llowing outlets:			
	Supermarkets:	%	Local gro	cers:	%	ĺ
	Newsagents:	%	Liquor sto	ores:	%	
	Public houses:	%	Restaurar	nts:	%	
	Gas stations:	%	DIY store.	5:	%	
	Online:	%	Other:		%	
	If other, please provide deta	ails and continue on the Au	DDITIONAL INFORMA	TION page if nece	ssary:	
2.5	Please provide the following	information about the pro	oduct:			
	Sizes of units:	Units sold p	er annum:	Min \$:	Consumer price	Max \$:
	Sizes of offis.	37m3 35ld p	o. amon.	πππ ψ.		man w.



SECTION 3: THE PROMOTION

3.1	Pled	ase state whether you have previously organized:
	a)	an identical or similar promotion:
	b)	a promotion for the same product during the last 5 years:
	If yo	ou have answered yes to a) or b), please provide full details of the previous promotion, including the response data and whether the ponse exceeded your anticipated response. Please continue on the ADDITIONAL INFORMATION page if necessary:
3.2	Pled	ase state the following:
	a)	the name of the promotion:
	b)	what is being offered in the promotion:
	c)	how the promotion is being communicated:
	d)	the objective of the promotion (e.g. distribution, awareness, increasing market share, repeat purchase):
	а <i>)</i>	The objective of the promotion (e.g. distribution, dwareness, mercasting marker share, repeat potentially).
	e)	how a valid claim can be made under the promotion (e.g. how many proofs of purchase or unique codes are required):



	ase state whether the promotion is restricted to one per household to on	d:		Yes	No
Ple	ase state when the promotion is due to:				
a)	start:			DD	/ MM / YY
b)	finish:			DD	/ MM / YY
Ple	ase state, if relevant:				
a)	the final redemption date for retailers:			DD	/ MM / YY
b)	the coupon clearing account close date:			DD	/ MM / YY
a)	the sizes and the number of product units which are being used Sizes of units:	for the promotion:	Number of	units:	
b)	how long you anticipate it will take to sell the products:				
Ple	ase state whether:				
a)	the promotion is restricted to flashed promotional packs:			Yes	No
b)	any additional supplies of the product will be available during t	he promotion:		Yes	No
If v	ou have answered yes to a) or b), please state how many addition	aal units will be available:			



8.9 Please state the unit page if necessary:	price of the prom	otional item(s) offered and the handling cost, an	nd continue on the ADDITIONAL INFORMATION
Unit price of the p	romotional item o	ffered:	
Handling cost:			
1.10 Please state what th	e perceived value	of the item offered is to the consumer:	\$
Application	on	olease state whether the cost per redemption is in	Both
If both, please prov	ide full details and	continue on the ADDITIONAL INFORMATION	page if necessary:
ECTION 4: THE ADVERT	ISINIC CAMPAICA	d.	
ECTION 4: THE ADVERT	ISING CAMPAIGI	N	
1.1 Di			
Please state:			
a) how the promot	tion will be adverti	sed:	
Туре	Cost	Further information (i.e. TVRs, publica	ations etc)
TV:			
Radio:			
Newspapers:			
Magazines:			
Point of sale:			
Online:			
Other:			
b) the countries wh	nere the promotion	will be advertised:	
2.2 Please state:			
A Labor of	er er er bereidtere	ha a facility and the	□ v □ N.
		house for the promotion:	Yes No
lf yes, please pr	ovide the name ar	nd contact details:	



b)	whether the handling house has had previous experience of this style of promotion:		Yes		No
c)	how the handling house will ensure the terms and conditions of the promotion have been complied v	vith:			
d)	how the handling house will report the redemption levels:				
SECTIO	N 5: INSURANCE HISTORY				
	ave you ever:				
			Yes		No
5.1 Ho	ave you ever:		Yes Yes		No No
5.1 Hc	ave you ever: made a claim for promotion insurance?				
5.1 Ho a) b) c)	ave you ever: made a claim for promotion insurance? had promotion insurance declined by any insurer?		Yes Yes		No No
5.1 Ho a) b) c)	made a claim for promotion insurance? had promotion insurance declined by any insurer? exceeded the anticipated response for a fixed fee contract?		Yes Yes		No No
5.1 Ho a) b) c)	made a claim for promotion insurance? had promotion insurance declined by any insurer? exceeded the anticipated response for a fixed fee contract?		Yes Yes		No No
5.1 Ho a) b) c)	made a claim for promotion insurance? had promotion insurance declined by any insurer? exceeded the anticipated response for a fixed fee contract?		Yes Yes		No No
5.1 Ho a) b) c)	made a claim for promotion insurance? had promotion insurance declined by any insurer? exceeded the anticipated response for a fixed fee contract?		Yes Yes		No No
5.1 Ho a) b) c)	made a claim for promotion insurance? had promotion insurance declined by any insurer? exceeded the anticipated response for a fixed fee contract?		Yes Yes		No No
5.1 Ho a) b) c)	made a claim for promotion insurance? had promotion insurance declined by any insurer? exceeded the anticipated response for a fixed fee contract?		Yes Yes	if necessity	No No
5.1 Ho a) b) c)	made a claim for promotion insurance? had promotion insurance declined by any insurer? exceeded the anticipated response for a fixed fee contract?		Yes Yes	on the control of the	No No



SECTION 6: INSURANCE REQUIREMENTS

6.1	Please state the estimated redemption rate:	
	Percentage:	Monetary equivalent: \$
6.2	Please explain how the estimated redemption rate has been calculat	ed:
6.3	Please state the range of percentage redemption rates which you wo	uld like the insurance to cover:
	To start at:	To finish at: %
6.4	Please state the loss payee (if other than the insured company):	
05.07		
SECT	TION 7: DECLARATIONS	
	 I declare that after proper inquiry the statements and particular any material circumstance. 	ars given above are true and that I have not mis-stated or suppressed
	I undertake to inform Underwriters of an alteration to any mater	
	 I agree that the necessary contractual arrangements will be in p I agree that the promotion conforms to legal requirements. 	place and valid for the period of policy or the promotion.
		F 11
	Signed:	Full name:
	Position held:	Date:DD / MM / YY
ENC	LOSURES	
	I confirm that I have enclosed the following with this application form	n:
	a) promotional artwork:	
	b) artwork related to advertising:	
	c) samples of product packaging and proof of purchase:	
	d) terms and conditions of the promotion	

