

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205
 New Submissions: casualty@tottengroup.com Website: www.tottengroup.com

CONTEST PRIZE GUARANTEE APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Insure Your Next Event is a Success! Please 'check' to indicate information you are interested in receiving.

- | | | | | |
|-------------------|---|---|---|--|
| Basketball | <input type="checkbox"/> ¾ Court Shot | <input type="checkbox"/> Single Half Court | <input type="checkbox"/> 2 of 3 from Center | <input type="checkbox"/> 24 Second Progressive |
| Football | <input type="checkbox"/> Target Toss | <input type="checkbox"/> Field Goal | <input type="checkbox"/> Truckbed Kick | |
| Hockey | <input type="checkbox"/> Score-0 (opposite blue-line) | <input type="checkbox"/> Score-0 (center-ice) | <input type="checkbox"/> 15 of 20 from center in 20 seconds | |
| # Match | <input type="checkbox"/> 4-digit combination | <input type="checkbox"/> 5-digit combination | <input type="checkbox"/> 6-digit combination | |

Other (please describe) _____

2. Name and Mailing Address of Applicant: _____

3. Location of Event _____

4. Date of Each Event(s) _____

5. Number of Games Insured _____ Number of Contestants per Game _____

6. Amount of Prized Requested Cdn \$ _____ Number of Prizes Awarded in past 3 years _____

7. Describe reasons if coverage has ever been declined or cancelled _____

- I hereby declare that the above information, to the best of my knowledge, is true and that I have not suppressed or mis-stated any facts and that cover provided will be based on this information provided by me.
- By signing this application, I understand that this does not bind cover, but merely provides information in gaining an accurate quotation. Also, all parties understand that a contract will not be issued unless applicant agrees to and signs quotation indicating a Prize Guarantee Contract has been requested.

I have Read and Agreed to the Terms & Details of the Application as listed.

 Signature of Applicant _____
 Date

 Producing Broker _____
 Date