

(For Weather, Event Cancellation for Liability quotes please call for an alternate application)

SECTION 1 – AGENT / BROKER INFORMATION

Agent/Broker Name _____ e-mail address _____
 Contact Person _____ Street Address _____
 City _____ Province _____ Postal Code _____
 Phone # _____ Fax # _____

SECTION 2 – APPLICANT INFORMATION

Name _____ e-mail address _____
 Contact Person _____ Street Address _____
 City _____ Province _____ Postal Code _____
 Phone # _____ Fax # _____

SECTION 3 – CONTEST/EVENT INFORMATION

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Armchair Quarterback | <input type="checkbox"/> Flat Bed Field Goal | <input type="checkbox"/> Golf Putt | <input type="checkbox"/> Other (please detail in space provided) |
| <input type="checkbox"/> Basketball ¾ Court Shot | <input type="checkbox"/> Field Goal Kick | <input type="checkbox"/> Hockey Scoro (centre or far blue line) | _____ |
| <input type="checkbox"/> Basketball ½ Court Shot | <input type="checkbox"/> Field Goal Progressive | <input type="checkbox"/> Nerf Football Toss | _____ |
| <input type="checkbox"/> Basketball 2 of 3 | <input type="checkbox"/> Football Target Toss | <input type="checkbox"/> Progressive Basketball | _____ |
| <input type="checkbox"/> Envelope Draw | <input type="checkbox"/> Golden Goal | <input type="checkbox"/> Rapid Fire | _____ |

Contest Name/Event Location _____
 City _____ Province _____ Postal Code _____

Contest/Event From: _____ To: _____ Total Number of Days Coverage is _____
 12:01 a.m. Standard Time at the Postal Address of the Applicant stated herein

Has the Applicant had past experience holding contests/events of this kind? Yes No
 If "Yes", please provide an explanation _____

Are Official Rules and/or Regulations for the Contest/Event available? Yes No
 If "Yes", please have them accompany the application
 Please provide details on how Participants are selected _____

Number of Games _____ Number of participants _____ Number of Attempts per person _____ Total Number of
 attempts _____

Prize Value \$ _____ Terms Cash Annuity: 20 year 40 year
 Please provide full details of how prize(s) will be won _____

Has the Applicant previously had similar insurance declined or cancelled? Yes No If you checked "Yes", please give name of
 the Insurer and the reason for denial/cancellation _____

Has the Applicant experienced any losses, within the past five years, under this or any similar type of event, whether insured or not?
 Yes No If you checked "Yes", please give all available details regarding the loss _____

Please provide any further details on the contest/event regarding the loss _____

SECTION 4 – WARRANTIES

This coverage applied for is subject to the warranties, terms, conditions, limitations, exclusions and endorsements of the Insurance Policy to be issued.

SECTION 5 – DECLARATIONS

By signing below, I acknowledge that I understand that coverage is subject to the warranties, terms, conditions, limitations and exclusions of the Insurance Policy to be issued in addition to the Underwriter's approval. I understand that certain clauses contained in the Policy may limit or exclude coverage and that upon receipt of the Policy I should read it carefully. I declare that the information I have provided is complete and true to the best of my knowledge. I also understand that this application will form a part of the Insurance Policy and that any quote received is only valid for 30 days.

If I am the Agent/Broker signing this application on behalf of the Applicant on behalf of the Applicant, I certify that I have read the above paragraph to the Applicant who has verified that they acknowledge and understand its contents.

Date (mm/dd/yyyy) _____ Signature _____