

Over Redemption Insurance Application



General Information

Company to be Insured:	
Address:	
City, ST ZIP	
Phone:	
Contact:	
Contact email:	

Promotion Information

Name of promotion / event:				
Description of promotion / event				
Has this promotion / event been held by this applicant in the past? If yes, please explain	YES <input type="checkbox"/>			NO <input type="checkbox"/>
Does the promotion have official rules?	YES <input type="checkbox"/>			NO <input type="checkbox"/>
If yes, please email official rules to rules@prizeins.com				
Is the redemption limited to one per household?	YES <input type="checkbox"/>			NO <input type="checkbox"/>
Media spending on the promotion:	Radio:	Television:	On line:	Other:
Geographic reach of the promotion:				

Promotion Information (cont'd)

Retailers involved	
Number of Units of Sale carrying offer:	
Estimated number of offers to be redeemed:	
Estimated response rate:	
Number of units of sale available to fulfill terms of offer:	
Has insurance been purchased before?	
Amount self- insured retaintion, exclusive of insurance:	
Amount of Insurance requested:	

Declaration

To the best of my knowledge and belief, the information provided in connection with this application is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle insurers to void the insurance.

I understand that the signing of this proposal does not bind me to complete or insurers to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of applicant

Date