

Contractual Bonus Insurance Application



General Information

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

Contract and Bonus Information

Name(s) of performer / athlete to be insured:	
Description / schedule of bonus(es) to be insured:	
Total value to be insured:	
Term of coverage:	
Has this performer / athlete been insured by this applicant in the past? If yes, please explain	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please email a copy of the bonus schedule to be insured to info@prizeins.com	

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

Prize & Promotion Insurance Services

22 Deer Street, Suite 400
Portsmouth, NH 03801

888-407-5841

info@prizeins.com