



Contractual Bonus Application

Please answer all questions in full and check relevant boxes. If there is insufficient space to answer a questions in the space provided, please use a separate sheet of paper with a signature and a date of completion.

1. GENERAL INFORMATION	
Name of Company/Applicant applying for Insurance	
Address	
City, State, Zip	
Phone	
Fax	
E-mail	
Website	
2. What is the usual business of the Company/Applicant and how long engaged therein?	
3. Have you had experience with Contractual Bonuses in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Who is the beneficiary of the bonuses for this coverage? <input type="checkbox"/> Team <input type="checkbox"/> Athlete <input type="checkbox"/> Other If you checked "Other" please provide more details below:	
5. What is the relationship between the Company/Applicant and the beneficiary(ies) of the Contract under which the Company/Applicant has a contractual liability to pay bonuses? <input type="checkbox"/> Employer <input type="checkbox"/> Team <input type="checkbox"/> Sponsor <input type="checkbox"/> Individual <input type="checkbox"/> Other If you checked "Other" please provide more details below:	
6. Have written contracts been signed between the Company/Applicant and the beneficiary? If Yes, please attach a copy or copies. If you checked "No" please provide more details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>7. Will these contracts remain in force for the entire period of insurance for which coverage is sought? If you checked "No" please provide more details below:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Are there any known or planned changes that will occur to the beneficiary between the date of the commencement of insurance and the commencement of the official Competition/Event? <i>Examples: Team Change, Pay Raise/Cut, New Coach, etc.</i> If you checked "Yes" please provide more details below:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Name and Date(s) of the Competition/Event: (Please attach a schedule of the Competition(s)/Event(s) if available)</p>	
<p>10. Describe the circumstances under which the Company/Applicant will become liable to make a payment or payments to the beneficiary(ies), along with the financial obligations under such circumstances:</p>	
<p>11. Who is the governing body regulating the Competition/Event?</p>	
<p>12. Have there been any changes to the rules or regulations governing the Competition/Event since it was last held, and have there been any changes proposed for the upcoming Competition/Event?</p>	
<p>13. Please provide the full results of the Competition/Event for the previous 3 occasions on which it has been held: (Attach if necessary)</p>	
<p>14. Please provide the results of the Individual/Team for the previous 3 occasions on which they have competed: (Attach if necessary)</p>	
<p>15. Do you know of any other matter, fact or circumstance, actual or threatened, which increases or could increase the possibility of a loss under this proposed Insurance? If you checked "Yes" please provide more details below:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

To the best of my knowledge and belief the information provided in this Application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that non-disclosures or misrepresentation of a material fact will entitle the Company to void the Insurance.

I understand that signing this Application does not bind me to complete the Insurance but agree that should an Insurance policy be issued, this Application and the statements made therein shall form the basis of the Insurance policy.

I agree to advise the Company of any change in the information detailed in this Application which takes place prior to the commencement of the event/promotion.

Signature of Proposed Assured

Date

Print Name and Title

Signature of Broker

Date

Print Name and Title

Name of Agency