



TOKIO MARINE
HCC

Specialty Group

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Over Redemption Insurance Application

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

SECTION 1 - PROPOSER / INSURED INFORMATION

1. Name of Person or Organization applying for insurance	
Address	
City, State, Zip	
Phone	
Fax	
E-mail	
Website	
2. What is the usual business of the Applicant and how long engaged therein:	
3. Name of Marketing/Promotion Agency	
Address	
How long established	

SECTION 2 - PRODUCT, PROMOTION AND DISTRIBUTION

1. Product name		
2. Product description		
3. Is the product new or re-launched?		
4. Normal shelf life		
5. Geographical distribution of product		
6. Please advise sales and costing of product:		
Size	Annual units sold	Consumer price
		Min \$ _____ Max \$ _____
		Min \$ _____ Max \$ _____
		Min \$ _____ Max \$ _____
		Min \$ _____ Max \$ _____

7. How is the promotion communicated (e.g. FSI on pack)?	
8. Promotion commencement date	
9. Closing date	
10. Final redemption date	
11. Number of units of product applicable to promotion	
Packet size	Number of units

SECTION 3 – OFFER		
1. Please describe nature of offer to consumer		
2. Please provide copies of all promotional catalogs, redemption forms, and other materials that describe the offer and the redeemable prizes.		
3. Number of proofs of purchase required		
4. Is the offer promoted on a product packet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is the offer restricted exclusively to promotional products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If no, please advise total universe of packs available during promotional period?		
7. Is it possible to remove the proof of purchase without purchasing the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is the offer restricted to one per household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. If no, give full details of any restrictions applicable:		
10. How many offers will be distributed?		
11. How will they be distributed?		
12. What will be the value of the coupon?		
13. Will retailers be able to increase the value?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. If yes, provide complete details		

15. Cost worksheet	
Intrinsic cost per redemption to proposer	\$ _____
Handling cost (package/postage, etc.)	\$ _____
Total cost per redemption	\$ _____
Perceived value to consumer	\$ _____

SECTION 4 – DETAILS OF ALL ADVERTISING		
1. Will the promotion be communicated via any of the following:		
Television	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount spent \$ _____
Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount spent \$ _____
Newspapers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount spent \$ _____
Magazines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount spent \$ _____
Point of sale	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount spent \$ _____
Others (please specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount spent \$ _____
2. If yes to any of the above, please give full details:		

SECTION 5 – HANDLING HOUSE		
1. Is a handling house involved in the promotion?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, please advise:		
Name		
Address		
Have they had some experience in handling similar promotions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
3. What systems do they use to ensure compliance with the promotional rules and detect fraud?		
4. How often, and in what fashion, do they report levels of redemption?		
5. Have you used the handling house before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. If a handling house is not used to process redemption, please provide details on who will be processing redemptions, their experience, and security measures to enforce compliance and detect fraud:

SECTION 6 – REDEMPTION HISTORY

1. Expected redemption in terms of units, percentage and/or cost:

2. How did you arrive at this number?

3. Briefly describe other similar promotions that you have run, and include redemption results of such programs (attach pages if necessary):

4. Excess what deductible level do you request the insurance to cover?

5. Amount of insurance requested

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

Date

Print Name and Title

OVER-REDM (7.2025)