

# 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 <b>bonus schedule</b> to be insured to <a href="mailto:info@prizeins.com">info@prizeins.com</a>	

## 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](mailto:info@prizeins.com)