

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the over-redemption policy. Completion of this application form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all material circumstances which may be relevant to our consideration of your application for insurance.

HOW TO COMPLETE THIS FORM

This form should be completed by a senior executive officer of the applicant firm who should make all necessary inquiries to enable all of the questions to be answered.

SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the company for whom this insurance is required:

Insured company:	
Address:	
City:	Postal code:
Website:	E-mail:
Contact name:	

SECTION 2: THE PRODUCT

2.1 Please state the following:

a) the name of the product(s) being promoted:

b) the product description:

2.2 Please state whether the promotion is a new product launch or a product re-launch:

New product launch: Product re-launch: Neither:

2.3 Please state:

a) the market share of the product: %

b) target audience of the product:

c) the average rate of sale of the product per household per month:

2.4 Please state the percentage of product sales via the following outlets:

Supermarkets: <input type="text"/> %	Local grocers: <input type="text"/> %
Newsagents: <input type="text"/> %	Liquor stores: <input type="text"/> %
Public houses: <input type="text"/> %	Restaurants: <input type="text"/> %
Gas stations: <input type="text"/> %	DIY stores: <input type="text"/> %
Online: <input type="text"/> %	Other: <input type="text"/> %

If other, please provide details and continue on the ADDITIONAL INFORMATION page if necessary:

2.5 Please provide the following information about the product:

Sizes of units:	Units sold per annum:	Consumer price	
		Min \$:	Max \$:

SECTION 3: THE PROMOTION

3.1 Please state whether you have previously organized:

- a) an identical or similar promotion: Yes No
- b) a promotion for the same product during the last 5 years: Yes No

If you have answered yes to a) or b), please provide full details of the previous promotion, including the response data and whether the response exceeded your anticipated response. Please continue on the ADDITIONAL INFORMATION page if necessary:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

3.2 Please state the following:

a) the name of the promotion:

<hr/> <hr/>

b) what is being offered in the promotion:

<hr/> <hr/> <hr/>

c) how the promotion is being communicated:

<hr/> <hr/> <hr/>

d) the objective of the promotion (e.g. distribution, awareness, increasing market share, repeat purchase):

<hr/> <hr/> <hr/>

e) how a valid claim can be made under the promotion (e.g. how many proofs of purchase or unique codes are required):

<hr/> <hr/> <hr/> <hr/>

3.3 Please state whether it is possible to remove the proof of purchase without purchasing the product: Yes No

If yes, please explain how and continue on the ADDITIONAL INFORMATION page if necessary:

3.4 Please state whether the promotion is restricted to one per household: Yes No

If no, what restrictions are in place?

3.5 Please state when the promotion is due to:

a) start:

DD / MM / YY

b) finish:

DD / MM / YY

3.6 Please state, if relevant:

a) the final redemption date for retailers:

DD / MM / YY

b) the coupon clearing account close date:

DD / MM / YY

3.7 Please state:

a) the sizes and the number of product units which are being used for the promotion:

Sizes of units:	Number of units:

b) how long you anticipate it will take to sell the products:

3.8 Please state whether:

a) the promotion is restricted to flashed promotional packs:

Yes No

b) any additional supplies of the product will be available during the promotion:

Yes No

If you have answered yes to a) or b), please state how many additional units will be available:

3.9 Please state the unit price of the promotional item(s) offered and the handling cost, and continue on the ADDITIONAL INFORMATION page if necessary:

Unit price of the promotional item offered:	
Handling cost:	

3.10 Please state what the perceived value of the item offered is to the consumer: \$

3.11 If the promotional item is a voucher, please state whether the cost per redemption is incurred at application, on usage or on both:

- Application
 Usage
 Both

If both, please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 4: THE ADVERTISING CAMPAIGN

4.1 Please state:

a) how the promotion will be advertised:

Type	Cost	Further information (i.e. TVRs, publications etc)
TV:		
Radio:		
Newspapers:		
Magazines:		
Point of sale:		
Online:		
Other:		

b) the countries where the promotion will be advertised:

4.2 Please state:

a) whether you are using a handling house for the promotion: Yes No

If yes, please provide the name and contact details:

b) whether the handling house has had previous experience of this style of promotion: Yes No

c) how the handling house will ensure the terms and conditions of the promotion have been complied with:

d) how the handling house will report the redemption levels:

SECTION 5: INSURANCE HISTORY

5.1 Have you ever:

a) made a claim for over-redemption insurance? Yes No

b) had over-redemption insurance declined by any insurer? Yes No

c) exceeded the anticipated response for a fixed fee contract? Yes No

If you have answered yes to a), b) or c), please provide full details and continue on the ADDITIONAL INFORMATION page if necessary:

SECTION 6: INSURANCE REQUIREMENTS

6.1 Please state the estimated redemption rate:

Percentage: _____ %	Monetary equivalent: \$ _____
---------------------	-------------------------------

6.2 Please explain how the estimated redemption rate has been calculated:

6.3 Please state the range of percentage redemption rates which you would like the insurance to cover:

To start at: _____ %	To finish at: _____ %
----------------------	-----------------------

6.4 Please state the loss payee (if other than the insured company):

SECTION 7: DECLARATIONS

- I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material circumstance.
- I undertake to inform Underwriters of an alteration to any material circumstance before the completion of the contract.
- I agree that the necessary contractual arrangements will be in place and valid for the period of policy or the promotion.
- I agree that the promotion conforms to legal requirements.

Signed: _____ Full name: _____

Position held: _____ Date: _____ DD / MM / YY

ENCLOSURES

I confirm that I have enclosed the following with this application form:

- a) promotional artwork:
- b) artwork related to advertising:
- c) samples of product packaging and proof of purchase:
- d) terms and conditions of the promotion

ADDITIONAL INFORMATION: