



Contact Information:  
<http://tcim.ca/our-people/>

**APPLICATION FOR OVER-REDEMPTION COVERAGE**

**Instructions On Completing This Form:**

1. Upon completion, please sign and return this form to your TCIM representative and include the following:
  - a. Artwork relating to advertising
  - b. Media schedules
  - c. Sample of product packaging and proof of purchase

**SECTION 1: CONTACT INFORMATION**

<b>Agency:</b>	<b>Client (Insured):</b>
	<b>Client's nature of business:</b>

**SECTION 2: PRODUCT/PRODUCTION/DISTRIBUTION**

<b>Product Name(s):</b>	
<b>Description:</b>	
<b>Is product new or re-launched?</b>	<input type="checkbox"/> New <span style="margin-left: 150px;"><input type="checkbox"/> Re-launched</span>
<b>% of market share, OR sales volume in units:</b>	
<b>Will additional (product) be distributed to market for the promotion?</b>	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> If yes, state amount/volume:
<b>Normal shelf life: How many weeks/months do you expect the volume of product to sell through to consumers? Please specify:</b>	
<b>Geographical distribution of product:</b>	
<b>What types of outlets/retail chain would normally sell the product? Please identify the % by each relevant category.</b>	<input type="checkbox"/> Supermarkets: _____% <input type="checkbox"/> Local Grocers: _____% <input type="checkbox"/> Beverage Store: _____% <input type="checkbox"/> Restaurants: _____% <input type="checkbox"/> Gas Stations: _____% <input type="checkbox"/> Other – please specify: _____
<b>Provide details of all outlets/retail chain taking over 10% of the product?</b>	

**PRODUCT INFORMATION:**

CLIENT INITIALS: \_\_\_\_\_ - \_\_\_\_\_

Product Description	Product Size	Number of Units of Product Applicable to Promotion	Annual Units of Sale	Consumer Retail Price (Minimum)	Consumer Retail Price (Maximum)

**SECTION 3: PROMOTION**

<b>Which of the following terms best describes the promotional mechanic? Please check all that apply:</b>	<input type="checkbox"/> Rebate <input type="checkbox"/> Coupon <input type="checkbox"/> Free Mail-In <input type="checkbox"/> Instant Win <input type="checkbox"/> Try Me Free <input type="checkbox"/> Money Back Guarantee <input type="checkbox"/> Other – please specify: _____
<b>What is the promotional objective? (E.g. distribution/awareness/ market penetration/repeat purchase etc?)</b>	
<b>How is the promotion communicated? (E.g. leaflet/on pack etc?)</b>	
<b>Are any other discounts/offers in effect on same product during coverage period, and if so provide detail:</b>	

**PERIOD OF PROMOTION:**

<b>Promotion Commencement Date:</b>	
<b>Promotion Closing Date:</b>	
<b>Final Redemption Date for Consumers:</b>	
<b>Final Redemption Date for Retailers (if applicable, e.g. for retailers who have to submit claims to a fulfillment/handling house):</b>	
<b>If promotion is limited by stock availability, what is the normal period that promotional stock will be available?</b>	

**SECTION 4: OFFER**

Describe the type/nature of the offer/reward to the consumer:	
Where is it offered: e.g. under the cap, distributed through mail (FSI)?	
How is the offer redeemed by the consumer?	<input type="checkbox"/> Mail-in to a fulfillment/handling house <input type="checkbox"/> Redeem at retail outlet <input type="checkbox"/> Other – please specify: _____
How many proofs of purchase (e.g. original or copy of receipt, UPC) are required and are there any other items that need to be collected/mailed etc. to enable the consumer to make a valid claim?	
Is the offer restricted exclusively to flashed promotional packs? If “no” please advise total universe of packs available during promotional period.	<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>
Is it possible to remove the proof of purchase without purchasing the product? If “yes” please provide additional information.	
Is the offer restricted to one per household? If no, give full details of any restrictions applicable:	
Is the promotion available nationally?	

**SECTION 5: DETAILS OF ALL ADVERTISING**

Provide details of all promotional or advertising activity running concurrently with the promotional period that could impact on the response to the promotion. Include the cost of any media advertising purchased stating whether advertising message mentions the promotion:

Type	Amount Spent	Details
T.V.		i.e. number of TV spots
Radio		
Newspapers		
Magazines		
Point of Sale		
Online (email, banner ads)		
Other (please specify)		

**OTHER PROMOTIONAL ACTIVITY:**

Describe any related promotional activity, e.g. in-store promotion:	
Is any other publicity used which mentions the promotion (e.g. celebrity appearance, sales force, etc.?). Please provide details:	

**SECTION 6: FULFILLMENT/HANDLING HOUSE**

Is a fulfillment/handling house involved in the promotion?	<input type="checkbox"/> Yes (3 <sup>rd</sup> party) <input type="checkbox"/> IC Group
If yes, provide contact information:	
Have they had experience in handling similar promotions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What systems/processes do they use to ensure compliance with the promotional rules? (E.g. does the database identify duplicate entries?)	
How often, and in what fashion, do they report the level of redemption?	
Have you used this fulfillment/handling house before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no was it a referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 7: INSURANCE**

Please identify your cost and anticipated response rate as a percentage and equivalent monetary value:

Product Description and Product Size	Number of Units	Client Cost per Redemption	Fulfillment Cost	Total Cost to be Insured	Perceived Value to Consumer	Estimated Redemption (%)	Estimated Redemption (\$)

**COVERAGE SOUGHT:**

- Ground Up Coverage
- Excess Cover (please complete information below):

**Amount of cover required:**

Percentage:	From: _____ %	To: _____ %
Monetary Equivalent:	From: \$ _____	To: \$ _____

What methods have you used to calculate the anticipated redemption rate? (Answers such as 'past experience' alone are inadequate - please if available enclose some form of documentary evidence to substantiate your projections.)

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**To Be Answered By the Client (Insured):**

**Over The Past three Years:**

1. Please supply us with any historical data (over the past 3 years) that will provide support for your disclosed estimated redemption. (product and retail value, nature of the offer, estimated and actual redemption)

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2. Have you experienced any promotions (over the past 3 years) where final response exceeded your anticipated response rate? Or that have resulted in filing a claim? If yes, please provide details.

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3. Have you ever been declined insurance? If yes, please provide details.

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**NOTE CAREFULLY:**

The completion of this Proposal form will in most cases enable us to obtain a quotation on your behalf, but it should be noted that Underwriters may require further clarification on any of the answers given.

The completion of this Proposal Form does not bind either the Proposer or the quoting Underwriter to complete a contract of Insurance, and no cover is applicable until confirmation has been given by Underwriters.

However if a contract of Insurance is completed then this Proposal form and the declarations made will form part of that contract and be the basis for it.

Failure to disclose material facts could result in your Policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it.

**DECLARATION:**

**This section is to be completed by the Client (Insured) and the Agency.**

I/we declare that all the particulars set forth above and overleaf, together with any supplementary declaration or statement, are true and I/we agree that they shall form the basis of the contract between me/us and the insurer and I/we will immediately advise the insurer of any change in my/our present promotional activity and will not alter such promotion without prior reference to and acceptance by the insurer.

CLIENT INITIALS: \_\_\_\_\_ - \_\_\_\_\_

I/we further agree that the promotion conforms to legal requirements.

Signing this proposal form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

**SIGNATURES:**

**Client:** \_\_\_\_\_ **Date :** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Date :** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

Your contract is based upon the answers you have given and we strongly urge that you retain a copy of this proposal.