



APPLICATION FOR OVER REDEMPTION INSURANCE

NOTICE: There are certain attachments to be included with this application:

- 1) A sample or a photocopy of the product pack;
2) The Proof of purchase;
3) A coupon or examples of FSI, SS, P.O.S.;
4) Any application or registration form.

- 1. Name of Applicant:
2. Nature:
3. Manufacturer:
4. Unit of Sale:
5. Consumer Price: Minimum: Maximum:
6. Average annual sale of product: \$
7. Name of Offer:
8. Number of Proofs of Purchase Required:
9. Nature of Offer:
10. Value of Offer:
11. Duration of Offer:
12. Period of Redemption:
13. Nature of Proof of Purchase:
14. Does the Proof of Purchase form an integral part of package?
15. Is the Proof of Purchase unique and distinctive to the actual batch of goods that are subject of this promotion?
a. Is it in the form of a free coupon?
b. How many are distributed?
c. How are they distributed? (# of each)
d. How are they redeemed?
e. Are they numbered?
f. Does the removal of a proof of purchase affect the preservation of the product?

**OVER REDEMPTION INSURANCE APPLICATION (Cont'd)**

g. Is the redemption limited to one per household?  Yes  No

16. Media employed (radio-press-television-etc.) in detail:

a. Radio: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Press:

\_\_\_\_\_

\_\_\_\_\_

c. Television:

\_\_\_\_\_

\_\_\_\_\_

d. Other forms of Supporting Media:

\_\_\_\_\_

\_\_\_\_\_

17. Do any of the public messages listed above mention the promotion?  Yes  No

18. Please describe any publicity at the point of sale: \_\_\_\_\_

19. Geographic extent of promotion: \_\_\_\_\_

20. Types of retailers involved (supermarkets, hypemarkets, etc.) \_\_\_\_\_

\_\_\_\_\_

21. Number of Units of Sale carrying offer: \_\_\_\_\_

22. Estimated number of offers to be redeemed: \_\_\_\_\_

23. Estimated response rate: \_\_\_\_\_

24. Equivalent (in units of sale): \_\_\_\_\_

25. Number of units of sale available to fulfill terms of offer: \_\_\_\_\_

26. Amount retained exclusive of insurance: \_\_\_\_\_

27. Amount of Insurance requested: \_\_\_\_\_

28. Has insurance been purchased before?  Yes  No; if yes, please describe the results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Does the promotion concern a new product?  Yes  No

30. Does the promotion concern an established product in new packaging?  Yes  No

**OVER REDEMPTION INSURANCE APPLICATION (Cont'd)**

31. Describe in detail the specifics of the offer describing any applications, restrictions, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Describe in detail the verification method that will be used to determine if consumers are eligible for refund offered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

33. Other circumstance of a general nature that may affect the expected redemption not subject to specific inquiry above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Account Executive: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Telex: \_\_\_\_\_ Telefax: \_\_\_\_\_

**NOTE: Please be sure to attach 5 years Loss Experience in Detail.**