
Hole-In-One Prize Indemnification Insurance

Agent or Broker _____

Location _____ Producer Code _____

Applicant _____

Street Address _____

City _____ State _____ Zip _____

Tournament to be Insured

Name _____

Location of course or club _____

Date(s) to be Insured _____

Amount of Insurance Desired \$ _____

Number of Participants

Amateurs _____ Professionals _____

Hole(s) to be insured (maximum length: 125 yards)

Number(s) _____ Length (in yards) _____

Number of Rounds on Insured Hole(s) _____

No insurer has declined or cancelled similar insurance, except (if none, so state)

Completion and signing of this application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. The applicant's firm order based on a quotation by the company is required before risk may be bound and a policy issued.

Signature of Applicant _____ Date _____