

Application for Hole-in-One Insurance

Please provide the following information:

Contact (Broker) Name:

Contact Address:
Street Address
City, State, Country
Postal Code

Insured Name:

Insured Address:
Street Address
City, State, Country
Postal Code

2. Please provide the following information pertaining to the golf course on which the event will take place:

Course Name:

Course Address:
Street Address
City, State,
Country
Postal Code

3. Event Name:

4. Event Date(s):

5. Prize details:	Prize Value:		Currency	
	Prize Description:			
	Insured Hole:			

6. Please provide the number of event participants:

Participants	Number Amateur	Number Professional	Yardage	Number of attempts
Male				
Female				

7. Please define any further details to your promotion and/or event that have not been outlined above.
I.e. if there are multiple holes, or special tournament style, please provide details here.

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8. Have you run this tournament in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. If applicable, please provide details to your loss history:		

The information provided in this application is verified as true by:

Name: _____	Phone: _____
E-mail Address: _____	Date: _____