

Hole-in-One Prize Indemnity

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BROKER  
DETAILS

Broker Company

Broker Contact Name

Broker Email

Broker Phone

THE INSURED

Full name of proposed Insured including subsidiaries:

1. Your (company) name

2. Are you currently registered for gst?

Yes

No

3. ABN Number

4. Contact Name

5. Contact Number

6. Email Address

7. Mobile Contact Number

Business Address

8. Address

9. Suburb

10. State

11. Postcode

THE EVENT

12. Name of Event

13. Name of Course

14. Venue

15. City

16. Country

17. Event Start Date (DD/MM/YYYY)

/

/

18. Event End Date (DD/MM/YYYY)

/

/

PRIZE & PLAYERS

19. What is the value of the prize on offer?

AUD \$

20. Prize Description

21. Total number of participants:

Professionals

Amateurs

22. Hole Number

23. Par

24. Hole length <sup>\*(tee to hole)</sup>

The minimum yardage on any insured hole for men must be 150 metres from the tee to the hole. Ladies may play from 145 metres.

25. How many attempts is each player allowed?

26. If there have been any hole in ones on this course in the last 5 years, please give details

27. Notes

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DUTY OF DISCLOSURE

- |    |   |     |    |
|----|---|-----|----|
| a. | In the past 10 years have you or any Insured person/business/corporation/director had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed special conditions? | Yes | No |
| b. | In the past 10 years have you or any Insured person/business/corporation/director ever been declared bankrupt or involved in any form of insolvency administration and not been discharged for at least one year?                 | Yes | No |
| c. | In the past 10 years have you or any Insured person/business/corporation/director been convicted or have charges pending, for any criminal offence, including arson, or involving dishonesty of any kind?                         | Yes | No |
| d. | Have you ever had a non-motor vehicle loss, whether insured or not, in excess of \$20,000?  | Yes | No |
|    | If yes, please provide details  |     |    |
| e. | Do you authorise us to give to, or obtain from, other insurers or any reference service, any information relating to insurance held by you or any claim in relation thereto?  | Yes | No |
| f. | Are you aware of any matter, not covered above, that may be relevant to the insurers decision whether to insurer you, & if so, on what terms?   | Yes | No |
|    | If yes, please provide details  |     |    |

PRIVACY NOTICE

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). Where required, we will provide you with a Collection Notice which outlines how we collect, disclose and handle your personal information. You can also refer to our Privacy Policy available on our website [www.insuranceadviser.net](http://www.insuranceadviser.net) or by contacting us for more information about our privacy practices including how we collect, use or disclose information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled.

CLIENT ACKNOWLEDGEMENT / SIGNATURE

**I/We Acknowledgement that:**

- All answers and statements made in the coverage summary forming part of this Insurance Proposal are true and accurate in every respect. Full name
- No information has been withheld which is likely to affect an insurer's decision about rating or accepting my/our insurances. Position held
- The Insurer reserves the right to decline my application Date
- This acknowledgement will be relied upon by the insurer and/or Able Undewriting Pty Ltd. Signature