

PRIZE INDEMNITY APPLICATION (HOLE IN ONE – BLOCK PACKAGE)

CLIENT SUBMISSION

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This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided in the application. The Applicant warrants the information provided is accurate, true, and complete.

Name of Insured: _____

Legal Entity other than an individual.

Contact Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Company Type: _____

TOURNAMENT & COVERAGE DETAILS

Effective Date: _____ / _____ / _____ (MM/DD/YYYY) at 12:01 am)

This package must be used within the Current Calendar year. On the expiry of the policy (1 year term), all packages carry a zero (\$0) balance at the end of the current calendar year. If total insured value is used up, and more coverage is required, you will need to fill out another application and email or fax it to our office.

All Tournaments covered under this package must be scheduled on the Block Package Schedule of Coverage prior to the start of the tournament and must meet the Terms and Conditions attached.

Block Package Amount: \$ _____

CONDITIONS

Block Packages may be used in any incremental values up to a maximum of \$40,000.

Men must shoot from a minimum of 160 yards and women from 145 yards. Valid for up to 144 amateur golfers per certificate.

If prize values exceed \$40,000 or there are more than 144 amateur participants then must be submitted for prior approval.

WARRANTIES: The coverage applied for is subject to the warranties, terms, conditions, limitations, exclusions, and endorsements of the Insurance Policy.

DECLARATIONS: By signing below, I acknowledge that I understand that coverage is subject to the warranties, terms, conditions, limitations and exclusions of the Insurance Policy in addition to the Underwriter's approval. I understand that certain clauses contained in the Policy may limit or exclude coverage and that upon receipt of the Policy I should read it carefully. I declare that the information I have provided is complete and true to the best of my knowledge. I also understand that this application will form part of the Insurance Policy and that any quotation received based on this application is valid for 30 days only. PLEASE READ HOLE IN ONE TERMS AND CONDITIONS FOR FULL DETAILS.

Insured Signature: _____ Date: _____

Applicant: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____