

[Personal Lines]

SINGLE TOURNAMENT

HOLE IN ONE APPLICATION

Reset Form

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PART 1 GENERAL INFORMATION

Applicant Name:	Date of Birth:	
Phone:	Occupation:	
Mailing Address:	Province:	Postal Code:
Broker Details		
Brokerage:		
Phone:	Fax:	
Email:		

PART 2 TOURNAMENT INFORMATION

Tournament to be Insured:

Location (Name of Golf Course):

Dates(s) to be Insured: Amount of Desired Insurance per Hole: $

Number of Participants per Round (Amateurs ONLY – No Coverage provided for Professionals):

Tournament Type: ☐ Men's ☐ Women's ☐ Mixed (Men & Women)

Hole(s) to be Insured: Length (in yards):

(Minimum length: 150 yards for Men; 140 yards for Women, for prizes up to $20,000)

(Minimum length: 165 yards for Men; 150 yards for Women, for prizes over $20,001)

(Minimum yardage for prizes over $50,000 will be determined by Underwriters)

Number of Rounds on Insured Hole(s):

Have you ever had similar insurance declined, cancelled or terminated by an insurer? ☐ Yes ☐ No

If Yes, please explain:

Prize Reinstatement Option will be shown on the Quote Page for an additional 10% of premium – Please indicate upon binding if required.

- This option would allow for a second player to win the prize amount if they were to also get a hole-in-one on the insured hole.
- ***This coverage only applies once***

PART 3 INSURANCE COVERAGE

COVERAGE, IF PROVIDED, WILL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING CONDITIONS:

*All shots shall be made in the regular round(s) of play in the Covered Tournament, by an official Participant, with no practice shots being permitted.

*One Tournament Official shall be stationed and monitoring play at each of the Selected Holes, at all times during the Covered Tournament.

*The Tournament shall be played in groups of three or more players. ***No Twosomes allowed***.

*"Participant" means an individual (other than a Golf Club Pro or a Professional Golfer) entered and playing in a Covered Tournament for which a premium has been paid.

*"Tournament Official" means an impartial observer. A "Participant" cannot act as a "Tournament Official".

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

1) An applicant for a contract:
   a) Gives false or erroneous information to the prejudice of the insurer, or
   b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2) The Insured contravenes a term of the Contract or commits a fraud; or
3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Signature of Applicant: Position:

Please print name here: Date:

BROKER DECLARATION

How long have you known the Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of the facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker Signature: Position:

Please print name: Date:

SUBMIT