



PO Box 370, 290 Alexander Street, Salmon Arm, BC V1E 4N5 TF 1.888.645.8811 P 250.832.1008 F 250.832.3222

## Hole In One Application

Broker: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

1. Applicant: \_\_\_\_\_  
Name ( Must Be Legal Entity)

Street Address	City	Province	Postal Code
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2. Tournament to be Insured: \_\_\_\_\_  
Name

Location: \_\_\_\_\_  
Name of Golf Course

3. Date(s) to be Insured: \_\_\_\_\_ 4. Amount of Insurance Desired Per Hole: \$ \_\_\_\_\_

5. Number of Participants Per Round: \_\_\_\_\_  
Amateurs ONLY (no coverage provided for professionals)

6. Hole(s) to be Insured: \_\_\_\_\_  
Number(s) 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)

7. Number of Rounds on Insured Hole(s): \_\_\_\_\_

8. No Insurer has declined or cancelled similar insurance, except (if none, so state): \_\_\_\_\_

9. Prize Reinstatement is available for an additional 10% premium. Do you want this option? \_\_\_\_\_

### 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".

I UNDERSTAND THAT THE INFORMATION SET FORTH IS CORRECT AND SHALL BE THE BASIS UPON WHICH INSURANCE MAY BE GRANTED. I ALSO AGREE THAT REPORTS CONTAINING PERSONAL, CREDIT, FACTUAL RECORD, PREMIUM PAYMENT OR CLAIMS HISTORY MAY BE SOUGHT OR EXCHANGED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE OR RENEWAL THEREOF. COMPLETION OF THIS APPLICATION DOES NOT BIND THE APPLICANT TO ACCEPT THE QUOTATION NOR DOES IT BIND THE INSURER TO ACCEPT THE RISK.

\_\_\_\_\_  
SIGNATURE OF APPLICANT - TITLE

\_\_\_\_\_  
DATE