



**HOLE-IN-ONE COVERAGE APPLICATION**

1. First Named Insured \_\_\_\_\_
2. Other Insured(s) \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  

	Street	City	County	State	ZIP Code
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- Email Address \_\_\_\_\_
4. Tournament Title \_\_\_\_\_
5. Name of Course \_\_\_\_\_
6. Location of Course \_\_\_\_\_
7. Event Dates \_\_\_\_\_
8. Number of Participants \_\_\_\_\_
9. Number of 18-hole rounds to be played \_\_\_\_\_
10. Amount of Coverage Desired \$ \_\_\_\_\_

**Hole(s) to be Covered**

<u>Hole No.</u>	<u>Length in Yards</u>	<u>Prize Description</u>	<u>Valued at \$</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many hole-in-ones have been made on this hole in the past 5 years? \_\_\_\_\_

(No automatic reinstatement of prize)

**11. PLEASE SUBMIT A SAMPLE SCORECARD**

NOTE: Coverage does not apply unless:

- a. All players are amateur.
- b. Two appointed target-hole observers are stationed at each designated prize hole at all times during the tournament, one at the tee, the other at the green.
- c. Certification of Achievement is made by two appointed observers as noted in 2. above, the successful competitor and the club secretary.
- d. Score cards are completed.
- e. The HOLE-IN-ONE occurs during official tournament play by an official player.
- f. Practice shots are not permitted and all shots are made in the regular round of tournament play.
- g. The actual length of the selected hole(s) during the event stated above, is not less than the yardage stated.

Any policy issued will be based upon the above information, which will be considered as warranties in the policy.

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will provided.

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Signature of Applicant Title Date

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Signature of Producing Agent Date

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Agent Name and Address