



HOLE-IN-ONE INSURANCE EASY QUOTE/APPLICATION

APPLICANT INFORMATION

Applicant's l	Name						
Street Addre	SS			City		State	Zip
Phone # ()	Fax #()	E-mail address			
AGENT IN	FORMATION						
Agency Nam	ne			Con	tact Person		
Street Addre	ss			City		_ State	Zip
Phone # ()	Fax #(_)	E-mail address			
TOURNAN	MENT TO BE I	NSURED			9-Но	ole or 18-Hol	e Course
Name of Event				Event Date(s) # 0		f Rounds To Be Played	
Course Name	e		(Course Location			
# of Amateur	r Participants M	ale: Fo	emale: # of l	Professional Participants	Male:	I	Female:
TARGET H	IOLE INFORM	MATION					
Designated Hole #		Women's Tee Yardage	Prize Amount (Cash Value)	Prize Descripti (Cars, jewelry, cas)		Name of I	Independent Witness
to issue the in WARRANTI 1. A hole-in green" ir 2. On 9-hol 3. An inder the hole 4. Certifica golfer/pl 5. Score ca 6. The hole 7. No pract 8. The actu 9. The appl 10. In the cas in the tor	ES: It is hereby in-one means: strill a one "stroke" and e courses, only the endent person no during the event. tion of achievements and the club rads will be completine must occibe shots shall be all length of the delicant must send in se of a hole-in-one must occibe of a hole-in-one must and the end in the end is end in the en	warranted by the irking a golf ball with divith no interference first time the inset having a conflict ent of the hole-in-opsecretary or golf eted. The diving an official permitted, no particularly and particularly confice of claim no respect to the insured must ename(s) and phonormal ename ename(s) and phonormal ename	asured that: h a golf club so that the nee or assistance from a ured hole(s) is played be of interest shall be stated as a large shall be made by the course head professional prescheduled event be icipant may shoot for an aluring the event stated a more than three working get the name(s) and phose number(s) of all mon	y a preregistered golfer/play nother person, and all shots above, shall not be less than g days after the event. one number(s) of all other m	ng" ground in efined by the will coverage in designated l ots as referred yer. shall be mad in the length state	to the "hole" of United States to be provided hole and shall d to in numbe e in a regular cated in this for	of the designated "putting Golf Association. by this insurance. witness all shots made at r 1. above, the successful round of play. rm.
should a poli	cy be issued.		-	_			-
Applicant's Signature				Date			
Producer's Signature				Date			

SUBMIT THIS FORM TO GET A FORMAL QUOTE FROM US. COVERAGE CANNOT BE BOUND UNTIL THE APPLICANT AND APPLICANT'S AGENT REPRESENTATIVE SIGN THIS FORM AND MAIL IT WITH AN AGENCY CHECK TO OUR OFFICE AT LEAST FIVE (5) DAYS PRIOR TO THE EVENT. ANY CHANGES TO THE EVENT INFORMATION ABOVE MUST BE IN WRITING AND FAXED TO THE COMPANY PRIOR TO THE EVENT.