

## HOLE-IN-ONE APPLICATION

NAME OD INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE AND LOCATION OF THE TOURNAMENT: \_\_\_\_\_

EVENT DATE(S): \_\_\_\_\_

HOW MANY DAYS IS THE TOURNAMENT AND HOW MANY DAYS WILL THE PRIZE BE OFFERED? \_\_\_\_\_

WHAT HOLE IS GOING TO BE USED FOR THE HOLE-IN-ONE? \_\_\_\_\_

HOW LONG IS THE HOLE (YARDAGE): WOMEN: \_\_\_\_\_ MEN: \_\_\_\_\_

WHAT IS THE PAR FOR THE HOLE? \_\_\_\_\_

HOW MANY PLAYERS? \_\_\_\_\_

AMATEURS: \_\_\_\_\_ PROFESSIONALS: \_\_\_\_\_

DESCRIPTION OF THE PRIZE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: The named insured should be the firm or individual purchasing the cover. Coverage is available for organized tournaments only. There must be a witness to the hole-in-one who must sight the proof of loss.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
SIGNATURE OF PRODUCER DATE

NAME AND ADDRESS OF THE PRODUCER:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_