

Hole-In-One Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

DESCRIPTION OF EVENT

1. Name of Tournament: _____

2. Number of Participants: _____ Tournament Dates: _____

3. Name of Club where Tournament will be held: _____

4. Location of Club: _____

5. Hole designated for the Hole-in-One Contest: # _____ Yardage of the Hole: _____ Par of the Hole: _____

6. Indicate number of times a Hole-in-One has occurred in the last 3 years at the Hole designated for the Contest: _____

7. Value and type of prize to be offered: _____

CONDITIONS OF COVERAGE

The coverage being considered by the completion of this application will be subject to the following conditions which are a part of any policy which may be issued upon acceptance of this application. Please review carefully as failure to comply with any of these conditions would cause all coverage to be voided.

- ◆ All equipment to be used during the Tournament shall conform to the specifications set forth by the United States Golf Association (USGA). The Tournament shall be conducted in accordance with the rules furnished by this authority.
- ◆ The Tournament shall be conducted on a regulation 18-hole course as specified by the USGA. The hole-in-one must occur during a regular 18 hole round.
- ◆ The green(s) at the insured hole(s) shall not be specially prepared or altered from the condition which is usual for normal play nor shall the hole(s) be so positioned on the green(s) as to facilitate a hole-in-one. The placement and size of the hole must comply with USGA rules.
- ◆ Play at the insured hole(s) shall be supervised throughout the Tournament by a specifically designated official of the club and any participant claiming the prize shall have his card signed by his opponent and the approved official.
- ◆ Play at the insured hole(s) shall not exceed more than one round per day. Each participant shall attempt only one stroke at the insured hole.
- ◆ Once a hole-in-one has been made, the prize for the hole has been won and the prize amount will not be reinstated for other participants.
- ◆ The Company's liability to indemnify the Insured for the prize shall not exceed the lesser of the following:
 - a. The prize amount stated for that hole, if paid in cash.
 - b. The actual cost of the prize to the Insured as verified by invoice or receipt.
- ◆ Coverage is not provided for professional golfers. A "professional" is any person, whether that person belongs to or is actively involved in any professional organization such as the Professional Golfers of America, that plays golf for remuneration; receives prizes, testimonials or gifts for his participation or receives compensation for golf instruction.
- ◆ In the event of cancellation of the Tournament, a **50%** Minimum Earned Premium shall apply.

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

| YEAR | CARRIER | POLICY NUMBER | LIMITS | PREMIUM |
|------|---------|---------------|--------|---------|
| | | | | |
| | | | | |
| | | | | |

LOSS HISTORY (LAST FIVE YEARS)

| DATE OF LOSS | TYPE OF LOSS | DESCRIPTION OF LOSS | AMOUNT PAID | RESERVE |
|--------------|--------------|---------------------|-------------|---------|
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Has the applicant been cancelled or non-renewed in the last three years? Yes No

If yes, Explain. _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

IMPORTANT NOTICE

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

FRAUD STATEMENT

To Insureds in the States of:

Alabama, Alaska, Arizona, California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:

NOTICE: In some states, any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Arkansas

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and subjects such person to criminal and civil penalties.

Rhode Island

NOTICE: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson. In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime in many states.

Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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|----------------------|------|-----------------------|------|
| Producer's Signature | Date | Applicant's Signature | Date |
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