

# HOLE-IN-ONE INSURANCE APPLICATION

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## APPLICANT INFORMATION:

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## TOURNAMENT:

3. Tournament to be Insured: \_\_\_\_\_
4. Golf Club / Course: \_\_\_\_\_
5. Golf Club / Course Location: \_\_\_\_\_
6. Tournament Start Date: \_\_\_\_\_ (MM/DD/YYYY) Tournament End Date: \_\_\_\_\_ (MM/DD/YYYY)

## PLAYERS:

7. Number of Players: \_\_\_\_\_
8. Are all players amateur only? ☐ YES ☐ NO (coverage restricted to amateur players only)

## HOLE:

9. How many holes will prizes be offered on? \_\_\_\_\_ Note: only one hole can be insured per policy
10. Hole #: \_\_\_\_\_
11. Does the length of each hole to be insured meet these minimum requirements: Minimum **160** yards for men, minimum **145** yards for women?  
☐ YES ☐ NO
12. Number of rounds on this insured hole per player (how many times each golfer tees off at the insured hole): \_\_\_\_\_
13. Prize value of the insured hole: \_\_\_\_\_

## BINDING INFORMATION:

Please note that changes cannot be made once the policy is issued. Please review to confirm all information provided is accurate.

14. Effective Date Requested: \_\_\_\_\_ (MM/DD/YYYY) Effective Time: \_\_\_\_\_ AM / PM
15. Expiry Date Requested: \_\_\_\_\_ (MM/DD/YYYY) Expiration Time: \_\_\_\_\_ AM / PM

## DECLARATION / CONSENT:

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

**INSURANCE IS NOT IN EFFECT UNTIL PREMIER CANADA HAS ISSUED A BINDER NUMBER**

**BROKER COMMISSION IS 15%.**

**POLICY FEE APPLIES IN ADDITION TO PREMIUM.**

**PREMIUM IS FULLY EARNED AND RETAINED**

**EXCLUDES ALL PARTICIPANT'S LIABILITY**

- Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Brokerage Firm: \_\_\_\_\_ Broker's Name: \_\_\_\_\_
- Broker's Email: \_\_\_\_\_ Signature: \_\_\_\_\_
- Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizcommercial@premiergroup.ca](mailto:newbizcommercial@premiergroup.ca) \*\***

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