

HOLE-IN-ONE INSURANCE APPLICATION

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 **
 Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614