Prize Indemnity Application

Hole in One CLIENT SUBMISSION

2 Norfolk Street South Simcoe, ON N3Y 2V9 T: 1-800-265-8098 F: 519-428-5661 E: <u>ontario@palcanada.com</u> www.palcanada.com INSURANCE BROKERS

This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided in the application. The Applicant warrants the information provided is accurate, true, and complete.

	Name of Insured:	
City, Province: Postal Code: Telephone: Fax: Company Type: Fax: Company Type: Fax: Tournament Name: To: Total number of days: Golf Course: Golf Course: Golf Course: Address: C City, Province: Postal Code: Pro Manager: Postal Code: Hole Number (s): Yardage: Vardage: Visit cour website, www.palcanada.com, for automatic pricing and policy issuance for prize values under \$50,000.00. Submit application for prize values above \$50,000.00. Submit completed application by e-mail or fax. Million dollar payment terms: Full in cash Annuity: 20 years 40 years VARAMITES: The coverage applied for is subject to the waranties, terms, conditions, limitations, matching, limitations of the insurance Policy. DECLARATIONS: Por signing below, I acknowledge that her upor received based on this application is valid for 30 days only. PLEASE READ HOLE IN ONE TERMS application: Magnature:		Entity other than an individual.
Telephone:	Address:	
Telephone:	City, Province:	Postal Code:
Tournament Name: Tournament Start date: To: Total number of days: Golf Course:		
Tournament Start date: To: Total number of days:	Company Type:	
Total number of days: Golf Course: Address: City, Province: Postal Code: Pro Manager: Hole Number(s): Yardage: Ladies can play a maximum of 15 yards closer, to a minimum of 135 yards Number of Golfers: Yerse Value: \$ Visit our website, www.palcanada.com, for automatic pricing and policy issuance for prize values under \$50,000.00. Submit application for prize values above \$50,000.00. Submit application for prize values above \$50,000.00. Submit application for prize values above \$50,000.00. Submit application by e-mail or fax. Million dollar payment terms: Full in cash Annuity: 20 years 40 years WARRATIONS: By signing below, I acknowledge that 1 understand that cretaria clauses contained in the Policy may limitations, and exclusions of the Insurance Policy. DECLARATIONS: By signing below, I acknowledge that 1 understand that cretaria clauses contained in the Policy may individue or exclude coverage and That upon receip ADD CONDITIONS FOR FULL DETAILS. Inderstand that any quotation received based on this application is valid for 30 days only. Insured Signature: Date: Applicant:	Tournament Name:	
Golf Course:	Tournament Start date:	То:
Address:	Total number of days:	
City, Province: Postal Code: Pro Manager:	Golf Course:	
Pro Manager:	Address:	
Hole Number(s):	City, Province:	Postal Code:
Yardage: Ladies can play a maximum of 15 yards closer, to a minimum of 135 yards Number of Golfers: Will there be any professional golfers: Yes No Prize Value: \$ Cash Other: Visit our website, www.palcanada.com, for automatic pricing and policy issuance for prize values under \$50,000.00. Submit application for prize values above \$50,000.00. Submit completed application by e-mail or fax. Million dollar payment terms: Full in cash Annuity: 20 years 40 years WARRANTIES: The coverage applied for is subject to the warranties, terms, conditions, limitations, exclusions, and endorsements of the Insurance Policy. DECLARATIONS: By signing below, I acknowledge that I understand that coverage is subject to the warranties, terms, conditions, limitations and exclusions of the Insurance Policy in addition to the Underwriter's approval. I understand that certain clauses contained in the Policy may limit or exclude coverage and that upon receipe of the Policy I should read it carefully. I declare that the information I have provided is complete and true to the best of my knowledge. I also understand that this application is valid for 30 days only. PLEASE READ HOLE IN ONE TERMS AND CONDITIONS FOR FULL DETAILS. Insured Signature: Date: Applicant:	Pro Manager:	
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City, Province: Postal Code:	Applicant:	
	Address:	
	City, Province:	Postal Code:
Telephone: Fax:	Telephone:	Fax:
E-mail:	E-mail:	

Prize Indemnity: Hole In One Application ~ Client Submission