

Prize Indemnity Application

Hole in One

CLIENT SUBMISSION

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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: _____
Legal Entity other than an individual.

Contact Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Company Type: _____

Tournament Name: _____

Tournament Start date: _____ To: _____

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: _____ 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 receipt 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 will form part of the Insurance Policy and that any quotation received based on this application is valid for 30 days only. PLEASE READ HOLE IN ONE TERMS AND CONDITIONS FOR FULL DETAILS.

Insured Signature: _____ Date: _____

Applicant: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____