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## **HOLE-IN-ONE INSURANCE**

**TO BE  
COMPLETED  
BY PROPOSED  
INSURED**

**PLEASE  
ANSWER ALL  
QUESTIONS**

Insured:

Address:

Period:

Sum Insured:

Hole Number:

Yardage:

**PLEASE  
PROVIDE  
THE DETAILS  
OF THE  
EVENT**

Club Name:

Event Name:

Location of Venue:

Number of Participants

Number of Professionals:

Number of Rounds:

**PLEASE  
PROVIDE  
ANY OTHER  
DETAILS OF  
THIS EVENT  
WHICH MAY  
BE PERTINENT**

Details:

**BROKER  
INFORMATION**

Broker/Agent/Consultant

Contact Name and Telephone Number

Signature of Insured

Date

Witnessed by a Licensed resident agent