HOLE-IN-ONE INSURANCE PROPOSAL FORM

Insured: _____

ABN: _____

Address: _____

Name of Tournament: _____

Date of Tournament: _____

Name of Golf Course: _____

Insured Hole Number: _____

Distance from tee: _____

Nature of Prize: _____

Sum Insured (AUD): $ _____

Number of Rounds of Golf: _____

Number of Participants: _____   Amateur: _____

 Professional: _____

Number of previously successful 'Holes-in-One' at hole to be Insured, in the last five (5) years:

_____

Declared Witness 1:

- Name: _____

- DOB:____/_____/_____

Declared Witness 2:

- Name: _____

- DOB: ____/_____/_____

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It is hereby understood and agreed by the Insured that:

1. Supervisors/Witnesses/Officials shall be stationed at the selected hole at all times during the Tournament.

   SUPERVISION REQUIREMENTS: At least one independent supervisor 18 years or older must be present. The Insured is to cover the cost of supervision. Independent shall mean an individual aged 18 years or older who is not a player in the competition, related to or employed by (1) the Insured, (2) the prize supplier or (3) the event organiser AND who is capable of verifying the successful attempt and compliance with terms and conditions of the Policy. Continuous video footage must be taken on the day showing each shot and the flight path to the pin.
2. Certification of achievement shall be made by the aforementioned persons.
3. Score cards must be completed.
4. The Hole-in-One must occur during officials tournament play by an official player.
5. No practice shot shall be permitted.

Declaration

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I Understand that non-disclosure or misrepresentation of a material fact will entitle the Insurer to void the insurance.

I understand that signing this proposal does bind me to complete the insurance but agree that should a contract of insurance be concluded, this form and the statement made herein shall form the basis of the contract.

Declared and signed by

The Insured _____   Date _____ / _____ / _____