

## ANNUAL HOLE-IN-ONE INSURANCE APPLICATION

Insured Name: \_\_\_\_\_

Insured Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

 Applicant Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact Info: Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

 Have you purchased this cover in the past from us? Yes  No 

If yes, please confirm policy number, if available: \_\_\_\_\_

If no, then please provide the following information: \_\_\_\_\_

Please confirm how many tournaments had prize amounts of: \$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ \$50,000 \_\_\_\_\_

Other Prize Amounts: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Please confirm average number of golfers per tournament: \_\_\_\_\_

Have you had tournaments in the past 12 months which:

 Exceeded 144 golfers Yes  No  If yes, please state maximum number: \_\_\_\_\_

How often did this happen? \_\_\_\_\_

 Have professionals taken part: Yes  No  If yes, please state maximum number: \_\_\_\_\_

How often did this happen? \_\_\_\_\_

 Have you paid out any prizes as a result of a Hole-in-One, whether Insured or not within the past 24 months? Yes  No 

 If yes, please provide additional details as follows: \_\_\_\_\_  
 \_\_\_\_\_

Date	Tournament Name / Golf Course	Hole No.	Yardage	Prize Amount Won
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### ANNUAL INSURANCE PACKAGE TERMS AND CONDITIONS

- 1) Insured Tournaments must be a minimum prize of \$2,500 and subject to a maximum of \$50,000 per hole.
- 2) A maximum field of 144 participants and a Minimum yardage of 160 will apply
- 3) All tournaments must be reported for agreement at least 24 hours prior to the event using a predetermined Tracking Report
- 4) All tournaments involving professional golfers must be reported to Simmlands a minimum of 2 business day prior to the Insured Tournament and are subject to underwriter's approval.
- 5) Any deviation from the above must be reported to Simmlands a minimum of 2 business day prior to the Insured Tournament and are subject to Underwriters approval.

ANNUAL HOLE-IN-ONE INSURANCE APPLICATION

THIS COVERAGE IS SUBJECT TO FOLLOWING WARRANTIES

- 1) Coverage is only applicable, in an amount not exceeding the Amount of Insurance stated in the Policy Declarations, for the cost incurred in providing an award to the Participant who, during the policy period, makes the "first" HOLE-IN-ONE on the selected hole(s) in a covered tournament.
- 2) The distance from the tee to the pin of each Selected Hole must be a minimum of 160 yards. Female Participants may shoot from Ladies Tee, at a minimum distance of 145 yards (or 15 yards less than the Men's Tees)
- 3) All Attempts must be made in the regular round(s) of play in the Insured Tournament, by a Participant, with no practice shots or Mulligans being permitted.
- 4) Each golfer will be permitted one attempt per round and number of rounds in total.
- 5) Usual sporting standards and golf rules to apply. No modified greens and pin required in hole for all tee shots.
- 6) All Participants must complete scorecards.
- 7) One tournament official (18 years or older) who is not a Participant, must be stationed and monitoring play at each of the Selected Holes at all times during the Insured Tournament and must witness each Participant striking the golf ball, and its uninterrupted and full path toward the Selected Hole until it is no longer in motion.
- 8) In the case of a HOLE-IN-ONE, certification of achievement must be made on the score card of the Participant achieving the HOLE-IN-ONE by the tournament Official monitoring play at that Selected Hole, and by all the Participants within the group in which the HOLE-IN-ONE was made.
- 9) The tournament must be played in groups of three or four. NO TWOSOMES OR SINGLES ALLOWED.
- 10) A ball hit out of bounds, or in a water hazard, and replayed from the tee does not qualify as a HOLE-IN-ONE. This would constitute a HOLEIN-THREE.

A "Participant" means an individual entered and playing in a covered tournament, for which a premium has been paid.

Brokerage Name: \_\_\_\_\_

Broker Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

Completion and signing of this application does not bind the applicant or the company to complete the insurance, but it is agreed that the information stated on this form shall be the basis of the contract should a policy be issued. The applicant's firm order based on a quotation by the company is required before the risk may be bound and a policy issued.

Signature of Applicant or Broker: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Simmlands Insurance Services Ltd., a customer provides Simmlands with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Simmlands and any affiliated companies and service providers.

Further information about Simmlands personal information protection policy may be obtained by contacting their privacy officer at 416-408-1920.