

## NATIONAL INDEMNITY GROUP • 3024 HARNEY ST. • OMAHA, NE 68131 (402) 536-3347 • FAX (402) 536-3030 • www.nationalindemnity.com/holein1

## HOLE-IN-ONE INSURANCE EASY QUOTE/APPLICATION

## APPLICANT INFORMATION

Applicant's I	Name						
Street Addre	SS			_ City	State _	Zip	
Phone # (	)	Fax #(	)	E-mail address			
APPLICAN	T'S AGENT I	NFORMATION	1				
Agency Nam	ne			Cont	act Person _		
Street Address							
				E-mail address			
TOURNAM	MENT TO BE I	NSURED					
Name of Eve	ent			Event Date(s) # of 18-hole rounds to be played		olayed	
				Course Location			
# of Amateur	Participants	Male: F	emale: # of	f Professional Participants	Male:	Femal	e:
тарсет і	IOI E INEODA	A TION					
Designated Hole #		Women's Tee Yardage	Prize Amount (Cash Value)	Prize Descriptio (Cars, jewelry, cash		Name of Independ	ent Witness
to issue the in WARRANTI 1. A hole-in green" in 2. On 9-hol 3. An inder the hole 4. Certifica golfer/pl. 5. Score can 6. The hole 7. No pract 8. The actu 9. The appl 10. In the cas	ES: It is hereby was none means: strike one "stroke" and e courses, only the endent person no during the event. It is not a chievement ayer, and the club reds will be completin-one must occide shots shall be all length of the delicant must send in se of a hole-in-one series.	reliance thereon.  varranted by the incing a golf ball with with no interfere the first time the inset having a conflict that the hole-in-operatory or golf eted.  are during an official permitted, no particularly golf the confict of claim no perturbed the confict of the insured must	sured that: h a golf club so that the nee or assistance from sured hole(s) is played of interest shall be stone shall be made by course head professional prescheduled event icipant may shoot for during the event stated more than three working the stated more than three working the stated that the stated more than three working the stated that the s	by a preregistered golfer/playd another person, and all shots st d above, shall not be less than ng days after the event. hone number(s) of all other me	g" ground into fined by the U vill coverage I designated he s as referred er. shall be made the length sta	the "hole" of the des Inited States Golf Associated by this in the provided by this in the and shall witness a to in number 1. above in a regular round of ted in this form.	ignated "putting sociation. surance. all shots made a e, the successful play.
Signing of th should a poli		es not bind the ir	surer to complete th	ne insurance but it is agreed (	that this form	n shall be made part	of the contrac
Applicant's Signature				Date			
Applicant's Agent Signature				Date			

SUBMIT THIS FORM TO GET A FORMAL QUOTE FROM US. **COVERAGE CANNOT BE BOUND** UNTIL THE APPLICANT AND APPLICANT'S AGENT REPRESENTATIVE SIGN THIS FORM AND MAIL IT WITH AN **AGENCY CHECK TO OUR OFFICE** AT LEAST FIVE (5) DAYS PRIOR TO THE EVENT. ANY CHANGES TO THE EVENT INFORMATION ABOVE MUST BE IN WRITING AND FAXED TO THE COMPANY PRIOR TO THE EVENT.