



OREGON
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HOLE-IN-ONE – QUESTIONNAIRE AND PREMIUM CALCULATION

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "NO", you are not eligible for coverage.

1. Is the hole length 135 yards or more on all covered holes? Yes No
2. Is "professional golfer" participation prohibited? (earning over \$2,500/year from golf activities) Yes No
3. Are practice shots or multiple attempts prohibited? Yes No
4. Must the hole-in-one occur during official tournament play by an official player? Yes No
5. Will there be at least two event officials monitoring the competitors' attempts at all times? Yes No

REQUIRED INFORMATION

6. Location of golf course or club where event will be held: _____
7. Title of tournament or event: _____
8. For each hole you are requesting coverage for, please provide the following: hole number; yardage; par: _____
9. On the covered holes, how many hole(s)-in-one have occurred in the last 5 years: _____
10. Prize award/amount of coverage desired (over \$20,000 contact your Capitol underwriter): _____
11. Day or Dates of coverage: _____
12. Number of participants (less than 12 or more than 180 contact your Capitol underwriter): _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____

Producer Name and Address _____

