



Contingency Insurance Proposal Hole-in-One Prize Indemnification

PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED.

IMPORTANT NOTE: Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the Insurers' acceptance and assessment of this proposal) will render the Contract of Insurance voidable. If you are in doubt about any facts which might be considered material you should disclose them. You are advised to keep a record (including copies of letters) of all information supplied for the purpose of entering into the contract. The liability of the Insurers does not commence until this proposal has been accepted by the Insurers, a copy of which will be supplied to you on request.

1. Proposer

2. Address

3. Amount of Indemnity required including, where relevant, breakdown of the calculation?

4. If the full amount at risk exceeds the amount of indemnity required, please state why giving the full value at risk.

5. Period of Insurance (both dates inclusive)

From:

To:

6. Please give details of any previous losses (whether insured or otherwise) that you have sustained in connection with the type of insurance now proposed.

7. In respect of any risk proposed; has any insurer ever cancelled or declined to renew a policy, imposed special terms, or declined to give a quotation?

If 'Yes', please give full details

Yes

No

8. Please state the name and location of the course on which the competition will take place:

9. In respect of the hole(s) on which the prize will be offered please state:

a) the number

b) the stroke index

c) the par

d) the yardage (minimum yardage 150 yards)

e) the previous hole-in-one record

10. How many amateurs, local county professionals and other professionals will participate?

a) Amateurs

b) Local Professionals

c) Other Professionals

11. How many rounds will be played?

12. Please confirm:

a) the nature of the prize(s)

b) the cost of the prize(s)

c) the identity of the prize supplier(s)

13. Two Committee Members of the Golf Club are required at each hole where a prize is on offer. Please provide the following information in respect of each proposed supervisor:-

<u>Name</u>	<u>Age</u>	<u>Occupation</u>

Declaration

The particulars given in this proposal and any other additional information are complete in every respect and have not been suppressed.

I/We agree that if this Contract of Insurance is completed then I/We will immediately notify our Broker if any details change.

The information provided in connection with this proposal form is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material facts will entitle the Insurers to void the contract of insurance.

I/We understand that the signing of this proposal form does not bind Me/Us to complete the Contract of Insurance. However, I/We agree that should a Contract of Insurance be completed, then this Proposal Form and the Declaration shall form an integral part of the basis of the Contract of Insurance.

I/We understand that any change in information must be notified immediately and no cover exists until such change has been approved by Insurers.

Name:

Signature:

Title / Position:

Date:

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