



ANGUS-MILLER LTD.

40 Wellington Row, Saint John, New Brunswick E2L 3H3 Phone:506-633-7000 Fax:506-634-8769

HOLE IN ONE INSURANCE APPLICATION

1. NAME & ADDRESS OF APPLICANT _____
2. DATE OF EVENT: _____
3. NAME OF COURSE (GOLF CLUB) _____
4. NAME TOURNAMENT _____
5. HAS TOURNAMENT BEEN RUN PREVIOUSLY? _____
6. NUMBER OF AMATEUR PLAYERS? _____
7. HOLE NUMBER: _____ DISTANCE IN YARDS: _____
8. HOLE IN ONE PRIZE: _____
9. AMOUNT OF INSURANCE REQUIRED? _____
10. LOSS PAYABLE TO: _____

SPECIAL CONDITIONS

- Minimum distance 125 yards Par 3.
- One tournament official (19 years of age or older) must be stationed & monitoring play at each of the Insured holes. Each monitor (spotter) must complete & sign spotter form.
- Professionals are **NOT** eligible.
- Only one attempt per player will be allowed. A ball hit out of bounds & replayed does not qualify as a "Hole in One" (this would constitute a hole in three). Mulligans are not eligible for "Hole in One" /
- Tournament must be either an 18 or 9 hole tournament. **Indicate rounds to be played 18 ____ or 9 ____** Must be played with groups of 3 to 6. No twosomes are allowed.
- Score cards must be completed, signed and attested.
- Certification of achievement must be made by the witnesses under oath.
- Applications must be received by Angus-Miller Ltd the day prior to the event.
- Coverage is only applicable to the first participant making the first "Hole in One" on the selected hole(s)
- If any of the above conditions are not complied with, the insurance is null & void.

EXCLUSION – It is hereby understood and agreed that professional players are excluded.

DECLARATION: I/We the applicant declare that the statements above are in every respect true and correct and I/We hereby apply for a contract of insurance to be based upon the truth of the statements.

Signing of this application does not bind the applicant or the Insurance Company to complete the insurance, but it is agreed that this form shall be the basis of the contract, should a policy be issued.

Dated: _____ Applicants Signature: _____

Agent/Brokers

Signature: _____

Angus-Miller Use – Minimum Retained Premium : \$ _____ Underwriter : _____ Date: _____

AML-4653-46-663-28/07/08