



**PRIZE INDEMNITY INSURANCE
"HOLE-IN-ONE APPLICATION"**

1. Please provide the following information on the proposed insured:

Name: _____

Address: _____

2. Please provide the following information pertaining to the golf course on which the event will take place:

Name: _____

Address: _____

Phone: _____

Year Founded: _____

Average # of rounds the course is played per year: _____

3. Event Date(s): _____

4. For each of the dates the event is held, how many rounds of golf will each participant play?

5. Provide the following information for the holes you wish to have insured:

	<u>HOLE #</u>	<u>YARDAGE</u>	<u>PAR</u>	<u>TYPE OF PRIZE TO BE OFFERED AND ITS DOLLAR VALUE</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____