



**Associated Underwriters, Inc.**  
 9412 Giles Road  
 LaVista, NE 68154

Phone: 402.592.0900  
 Fax: 402.592.0962

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

### APPLICANT INFORMATION

Applicant's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

### AGENT INFORMATION

Agency Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

### TOURNAMENT TO BE INSURED

9-Hole or 18-Hole Course \_\_\_\_\_

Name of Event \_\_\_\_\_ Event Date(s) \_\_\_\_\_ # of Rounds To Be Played \_\_\_\_\_  
 Course Name \_\_\_\_\_ Course Location \_\_\_\_\_  
 # of Amateur Participants Male: \_\_\_\_\_ Female: \_\_\_\_\_ # of Professional Participants Male: \_\_\_\_\_ Female: \_\_\_\_\_

### TARGET HOLE INFORMATION

Designated Hole #	Men's Tee Yardage	Women's Tee Yardage	Prize Amount (Cash Value)	Prize Description (Cars, jewelry, cash, etc.)	Name of Independent Witness

The applicant agrees to the warranties listed below and further agrees the foregoing statements and answers are true and correct and requests the Company to issue the insurance policy in reliance thereon.

**WARRANTIES:** It is hereby warranted by the insured that:

1. A hole-in-one means: striking a golf ball with a golf club so that the ball travels from the "teeing" ground into the "hole" of the designated "putting green" in one "stroke" and with no interference or assistance from any source of any kind as defined by the United States Golf Association.
2. On 9-hole courses, only the first time the insured hole(s) is played by any participating player, will coverage be provided by this insurance.
3. An independent person not having a conflict of interest shall be stationed near the green at each designated hole and shall witness all shots made at the hole during the event.
4. Certification of achievement of the hole-in-one shall be made by the person witnessing all shots as referred to in number 1. above, the successful golfer/player, and the club secretary or golf course head professional.
5. Score cards will be completed.
6. The hole-in-one must occur during an official prescheduled event by a preregistered golfer/player.
7. No practice shots shall be permitted, no participant may shoot for another person, and all shots shall be made in a regular round of play.
8. The actual length of the designated hole(s), during the event stated above, shall not be less than the length stated in this form.
9. The applicant must send notice of claim no more than three working days after the event.
10. In the case of a hole-in-one, the insured must get the name(s) and phone number(s) of all other members playing in the foursome, the actual scorecard in the tournament, and the name(s) and phone number(s) of all monitors.

**Signing of this application does not bind the insurer to complete the insurance but it is agreed that this form shall be made part of the contract should a policy be issued.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's 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.**