

# Hole-In-One Application

Intact Insurance Company

Please fill out all applicable fields

Broker Name:

Broker Code:

As a golfer, you know how much excitement a hole-in-one can generate. As a tournament sponsor, you need to be prepared to pay for the prize if a player shoots a hole-in-one. A Hole-In-One policy lets you enjoy the benefits of a competition without the risk because your insurance covers the cost of the prize (a real must for charity tournaments).

If a hole-in-one that is covered by this policy occurs, Intact Insurance will also donate an additional 20% of the amount of your Hole-In-One insurance to a registered charity or educational institution of the golfer's choice, on behalf of you and the winning golfer.

## BASIC APPLICANT INFORMATION

Name of Applicant:

Full Address: Apt # - Street # - Street Name

PO Box

RR

City

Prov./Terr.

Postal Code

## TOURNAMENT & COVERAGE INFORMATION

Tournament to be Insured:

Golf Club/Course Name:

Golf Club/Course Address: Apt # - Street # - Street Name

PO Box

RR

City

Prov./Terr.

Postal Code

Number of Amateur Participants:

If more than one day of coverage required, please state information below for each day. **(Minimum length 150 yards.)**

Date Coverage Required:

<input type="checkbox"/> Hole #1 Length: ____	<input type="checkbox"/> Hole #2 Length: ____	<input type="checkbox"/> Hole #3 Length: ____
<input type="checkbox"/> Hole #4 Length: ____	<input type="checkbox"/> Hole #5 Length: ____	<input type="checkbox"/> Hole #6 Length: ____
<input type="checkbox"/> Hole #7 Length: ____	<input type="checkbox"/> Hole #8 Length: ____	<input type="checkbox"/> Hole #9 Length: ____
<input type="checkbox"/> Hole #10 Length: ____	<input type="checkbox"/> Hole #11 Length: ____	<input type="checkbox"/> Hole #12 Length: ____
<input type="checkbox"/> Hole #13 Length: ____	<input type="checkbox"/> Hole #14 Length: ____	<input type="checkbox"/> Hole #15 Length: ____
<input type="checkbox"/> Hole #16 Length: ____	<input type="checkbox"/> Hole #17 Length: ____	<input type="checkbox"/> Hole #18 Length: ____

Date Coverage Required:

<input type="checkbox"/> Hole #1 Length: ____	<input type="checkbox"/> Hole #2 Length: ____	<input type="checkbox"/> Hole #3 Length: ____
<input type="checkbox"/> Hole #4 Length: ____	<input type="checkbox"/> Hole #5 Length: ____	<input type="checkbox"/> Hole #6 Length: ____
<input type="checkbox"/> Hole #7 Length: ____	<input type="checkbox"/> Hole #8 Length: ____	<input type="checkbox"/> Hole #9 Length: ____
<input type="checkbox"/> Hole #10 Length: ____	<input type="checkbox"/> Hole #11 Length: ____	<input type="checkbox"/> Hole #12 Length: ____
<input type="checkbox"/> Hole #13 Length: ____	<input type="checkbox"/> Hole #14 Length: ____	<input type="checkbox"/> Hole #15 Length: ____
<input type="checkbox"/> Hole #16 Length: ____	<input type="checkbox"/> Hole #17 Length: ____	<input type="checkbox"/> Hole #18 Length: ____

**\*If number of rounds on Insured Hole(s) is more than one (1), please refer to Company.\***

Amount of Insurance Desired (Maximum \$75,000):

Total Premium:

The maximum Limit of Insurance is \$75,000. Here's what your prize will cost:

Limit of Insurance	Base premium per hole (up to 100 golfers)	Each additional golfer	Limit of Insurance	Base premium per hole (up to 100 golfers)	Each additional golfer
Up to \$5,000	\$100	\$0.90	\$40,001 to \$45,000	\$785	\$6.26
\$5,001 to \$10,000	\$210	\$1.65	\$45,001 to \$50,000	\$890	\$7.15
\$10,001 to \$15,000	\$270	\$2.25	\$50,001 to \$55,000	\$979	\$7.87
\$15,001 to \$20,000	\$350	\$2.85	\$55,001 to \$60,000	\$1,068	\$8.58
\$20,001 to \$25,000	\$444	\$3.42	\$60,001 to \$65,000	\$1,157	\$9.30
\$25,001 to \$30,000	\$518	\$4.28	\$65,001 to \$70,000	\$1,246	\$10.01
\$30,001 to \$35,000	\$595	\$4.85	\$70,001 to \$75,000	\$1,335	\$10.73
\$35,001 to \$40,000	\$675	\$5.67			

\*\*\*Note: Score card to accompany application.\*\*\*

**Rules of Play** – If a golfer **aces** the hole in accordance with the policy Warranties and Conditions (no mulligans!), your insurance takes care of the prize.

**Delays and Cancellations** – If you need to reschedule, your policy can be applied to the new date. You may cancel your policy before the scheduled tournament date.

**This insurance does not apply to any award to any Participant if the Insured or anyone acting on the Insured's behalf is in breach of any of the following warranties:**

- A) Where required, the Insurer will receive in writing, notification of a tournament 4 days prior to the event.
- B) The distance from the tee to the pin of the **Selected Hole** where the **Hole-In-One** is made shall be at least 150 yards.
- C) All shots shall be made in the regular round(s) of play in the **Covered Tournament**, by a **Participant**, with no practice shots being permitted.
- D) All score cards shall be completed.
- E) One tournament official shall be stationed and monitoring play at each of the **Selected Holes**, at all times during the **Covered Tournament**.
- F) Certification of achievement shall be made on the score card of the **Participant** achieving the **Hole-In-One** by the tournament official monitoring play at the **Selected Hole**, and all the **Participants** within the group in which the **Hole-In-One** was made.
- G) The **Covered Tournament** shall be played in groups of three or four **Participants**. No twosomes are eligible for prize award.
- H) A ball hit out of bounds and replayed does not qualify as a **Hole-In-One** (this becomes a hole-in-three).
- I) At all times before, during and after the **Covered Tournament**, **Participants** must respect the 2-meter (six feet) social distancing rules issued by government authorities with other **Participants** and tournament officials on the premises of the Golf Club. Tournament officials shall be responsible to enforce social distancing measures.
- J) If **Participants** can not practice social distancing on the premises of the Golf Club (inside the premises), the **Participants** must wear a medical mask or a face shield.
- K) If an actual or prospective **Participant** has COVID-19 symptoms, as such symptoms are established by a government public health authority, he or she must not participate in the **Covered Tournament**. Tournament officials shall be responsible for enforcing this measure.

## APPLICATION AGREEMENT CLAUSE

This is an application for insurance only. No insurance is in effect until coverage has been specifically agreed to and has been bound by Intact Insurance Company.

I/We declare that the statements made herein are in every respect true and correct and any contract of insurance will be based upon the truth of the statements.

ELECTRONIC SIGNATURE: I agree that by submitting this application online, I am electronically signing the application.

☐ I agree to these terms & conditions.

Signed by:

\_\_\_\_\_  
(Click signature field to insert electronic signature)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Broker's Signature:

\_\_\_\_\_  
(Click signature field to insert electronic signature)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please save and/or print a copy of this form for your records**