



Commonwealth  
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220

Phone: 800-396-6226

Fax: 888-359-6994

www.commund.com

## HOLE-IN-ONE COVERAGE APPLICATION

**THIS COVERAGE CANNOT BE WRITTEN IN THE STATE OF NEW YORK.**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Course or Golf Club where tournament is to be held: \_\_\_\_\_

Title of Tournament: \_\_\_\_\_

Amount of Coverage Desired: \$ \_\_\_\_\_ Date(s) of Coverage: \_\_\_\_\_

Number of Players: Professionals: \_\_\_\_\_ Amateurs: \_\_\_\_\_ Nature of Prize: \_\_\_\_\_

Hole(s) to Be Covered:

<u>No.</u>	<u>Length in Yds.</u>	<u>Par</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Holes-In-One on the Covered Hole(s) in the last 5 years: \_\_\_\_\_

**PLEASE SUBMIT A SAMPLE SCORE CARD WITH THIS APPLICATION**

### WARRANTIES:

It is hereby warranted by the insured that:

- (1) The HOLE-IN-ONE must occur during official tournament play.
- (2) No practice shots shall be permitted and all shots shall be made in the regular round of tournament play.
- (3) Two Tournament Committee appointed observers shall be stationed at the selected target hole(s) at all times during the tournament; one at the tee and the other at the green.
- (4) The target hole(s) will measure from teeing ground to flagstick no less than the specified yardage. Only one pre-designated hole may be used on the target hole green.
- (5) The HOLE-IN-ONE must occur by an official registered competitor.
- (6) The following documentation will be furnished to the Essex Insurance Company as proof of a HOLE-IN-ONE claim.
  - a. Attached statements by the two target hole observers (described in #1 above), the successful competitor (ACE-maker), and one playing partner.
  - b. A signed and completed scorecard of the ACE-maker, (photo copies acceptable).
  - c. Certified copy of Tournament Pairing Sheet by the golf course professional or tournament director supervising the tournament.
- (7) The policy premium together with a signed or accepted application are the basis of this insurance and must be received or postmarked prior to the start of the tournament.

Any policy issued will be based upon the above information and will be considered as warranties in the policy.

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date