



Prize Indemnity Application Golf Putt / "Hole-In-One"

1. GENERAL INFORMATION	
Name of Company applying for Insurance (Proposed Assured):	
Address:	
City, State, Zip:	
Phone:	
Fax:	
E-mail:	
Website:	
2. Name of the event:	
3. Date(s) and location of the event:	
4. Type of Golf event:	
<input type="checkbox"/> Hole-In-One (if this option is checked, please complete all questions, plus No. 9 below)	
<input type="checkbox"/> Million Dollar Shoot Outs	<input type="checkbox"/> 60 foot putt
<input type="checkbox"/> 100 foot putt	<input type="checkbox"/> 50 foot putt
<input type="checkbox"/> 75 foot putt	<input type="checkbox"/> 40 foot putt
	<input type="checkbox"/> 30 foot putt
	<input type="checkbox"/> 20 foot putt
	<input type="checkbox"/> 10 foot putt
5. Have you had past experience holding events/promotions of this kind? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Within the last five (5) years, has the Proposed Assured ever filed an insurance claim for a similar event/promotion? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the Proposed Assured ever had similar insurance (as applied for herein) declined, cancelled or renewal refused? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are Official Rules available? If Yes, please attach a copy to this Application.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. COMPLETE QUESTION 9 FOR HOLE-IN-ONE EVENTS ONLY

A. Please provide the following information pertaining to the golf course on which the event will take place:	
i. Name:	
Address:	
Phone:	
ii. Year founded:	
iii. Average number of rounds the course is played per year:	

B. Event date(s):	
C. For <u>each</u> of the dates the event is held, how many rounds of golf will <u>each</u> participant play?	

D. Provide the following information for the holes you wish to have insured:				
	HOLE #	YARDAGE	PAR	TYPE OF PRIZE TO BE OFFERED AND ITS DOLLAR VALUE
i.				
ii.				
iii.				
iv.				

E. For the following holes you have listed in Question 9D, please provide the following historical data:			
	HOLE #	TOTAL # OF HOLE-IN-ONES MADE ON THIS HOLE	TOTAL # OF HOLE-IN-ONES MADE DURING THE PAST 10 YEARS
i.			
ii.			
iii.			
iv.			

F. Please provide the following information on the event participants:	
i. Total number of Participants:	
ii. Number of Amateur Participants:	
iii. Number of Professional Participants:	

G. A minimum of one (1) person must serve as the official witness for this event and one (1) person must videotape each attempt. Please provide the following information with respect to the official witness(es) and who will be responsible for the videotaping:

	NAME	AGE	OCCUPATION
i.			
ii.			
iii.			
iv.			
v.			
vi.			
vii.			
viii.			

10. What is the value of the available prize(s) to be insured?

11. Please provide the full details of how prize(s) will be won

12. Estimated number of participants:

13. It is warranted by the Applicant that the Golf Putting Conditions listed below will be adhered to:

1. The Insured putt must take place on the green of a regulation hole at a regulation golf course.
2. The Insured putt must be taken from a distance listed on the application.
3. The pin placement and putting location must be provided to and approved by the Company prior to the insured attempt.
4. The contestant must be selected entirely at random and must be selected in accordance with the Official Rules of the contest. The contestant may NOT designate another person to shoot on his/her behalf.
5. Each attempt must be videotaped.
6. All equipment and the hole/cup must adhere to USGA and/or PGA specifications.
7. No practice attempts are allowed on the green where the insured putt will take place at any time on the day of the insured putt.
8. This Insurance will not cover a contestant who is a current or former professional golfer. This Insurance will not cover a contestant who is a current or former High School Varsity or NCAA Intercollegiate Golfer that has played in a High School Varsity or NCAA Intercollegiate golf tournament within the past 5 years.
9. The Company reserves the right to have a representative present to witness the Insured shot at the Assured's expense.
10. A line judge designated by the Assured and approved by the Company must witness each attempt.
11. In the event of a claim, the Assured must provide the Company with the following information as proof of claim:
 - An affidavit from the potential winning contestant attesting to his/her eligibility and compliance with the Official Rules;
 - An affidavit from the designated line judge attesting to the circumstances of the insured putt;
 - An affidavit from a representative of the Assured attesting to compliance with the terms and conditions of this Insurance; and
 - A copy of the videotape of the insured attempt.

14. It is warranted by the Applicant that the Golf Hole-In-One Conditions listed below will be adhered to:

1. The Insured Hole-In-One contest must take place on the green of a regulation hole at a regulation golf course.
2. The Insured Hole-In-One must be taken from a distance of at least 150 yards for all competitors.
3. No green of a Designated Hole may be specially prepared or altered from the condition which is usual for normal play on the hole nor shall the cup be positioned on the green as to facilitate a Hole-In-One.
4. All participants must be a registered participant in the insured tournament.
5. All equipment and the hole/cup must adhere to USGA and/or PGA specifications.
6. No practice attempts nor mulligans are allowed at any time at the Designated Hole on the day of the event.
7. This Insurance will not cover a contestant who is a current or former professional golfer. This Insurance will not cover a contestant who is a current or former High School Varsity or NCAA Intercollegiate Golfer that has played in a High School Varsity or NCAA Intercollegiate golf tournament within the past 5 years.
8. The Company reserves the right to have a representative present to witness the Insured shot at the Assured's expense.
9. For prize values up to \$50,000, one (1) third party witness must be stationed at the green or tee box of the Designated Hole to witness all attempts. For prizes greater than \$50,000 up to \$100,000, two (2) third party witnesses must be stationed at the green or tee box of the Designated Hole to witness all attempts. For prizes greater than \$100,000 up to \$1,000,000, two (2) third party witnesses (including one certified PGA Professional or Assistant Professional) must be stationed at the green or tee box of the Designated Hole to witness all attempts AND all attempts must be videotaped in full with such video providing a raw, unedited video record of each participants complete path of the ball.
10. In the event of a claim, the Assured must provide the Company with the following information as proof of claim:
 - An affidavit from the potential winning contestant attesting to his/her eligibility and compliance with the Official Rules;
 - An affidavit from the designated witness(es) as well as each of the potential winning contestant's playing partners attesting to the circumstances of the hole-in-one;
 - An affidavit from a representative of the Assured attesting to compliance with the terms and conditions of this Insurance; and
 - A copy of the videotape of the insured attempt (for Hole-In-Ones with prize values greater than \$100,000).

15. It is warranted by the Applicant that the Million Dollar Shootout Conditions listed below will be adhered to:

1. The Insured Million Dollar Shootout must take place on the green of a regulation hole at a regulation golf course.
2. The Insured Million Dollar Shootout must be taken from a distance of at least 150 yards for all competitors.
3. No green of a Designated Hole may be specially prepared or altered from the condition which is usual for normal play on the hole nor shall the cup be positioned on the green as to facilitate a Hole-In-One.
4. All participants must be a registered participant in the insured tournament. It is understood that a qualification process may take place in order to determine which registered participant(s) will attempt the Million Dollar Shootout.
5. All equipment and the hole/cup must adhere to USGA and/or PGA specifications.
6. No practice attempts nor mulligans are allowed at any time at the Designated Hole on the day of the event. It is understood, however, that a qualification process (like closest to the pin) may take place on such hole prior to the Million Dollar Shootout.
7. This Insurance will not cover a participant who is a current or former professional golfer. This Insurance will not cover a contestant who is a current or former High School Varsity or NCAA Intercollegiate Golfer that has played in a High School Varsity or NCAA Intercollegiate golf tournament within the past 5 years.
8. Underwriters reserve the right to have a representative present to witness the insured shot at the Assured's expense.
9. The Company reserves the right to have a representative present to witness the insured shot at the Assured's expense.
10. Two (2) third party witnesses (including one certified PGA Professional or Assistant Professional) must be stationed at the green or tee box of the Designated Hole to witness all attempts AND all attempts must be videotaped in full with such video providing a raw, unedited video record of each participant's complete path of the ball.
11. In the event of a claim, the Assured must provide the Company with the following information as proof of claim:
 - An affidavit from the potential winning contestant attesting to his/her eligibility and compliance with the Official Rules;
 - An affidavit from the designated witnesses attesting to the circumstances of the hole-in-one;
 - An affidavit from a representative of the Assured attesting to compliance with the terms and conditions of this Insurance; and
 - A copy of the videotape of the insured attempt.

IMPORTANT NOTICE

APPLICANT WARRANTS THAT ITS PROPERTIES ARE IN COMPLIANCE WITH STATUTORY AND REGULATORY REQUIREMENTS FOR THE PERSONS WITH PHYSICAL HANDICAPS. APPLICANT UNDERSTANDS AND ACCEPTS THAT PREMIUM IS FULLY EARNED AT INCEPTION. APPLICANT ALSO UNDERSTANDS THAT THIS INSURANCE IS BEING APPLIED FOR WITH AN INSURER THAT IS NOT LICENSED BY YOUR STATE'S INSURANCE DEPARTMENT. IN CASE OF INSOLVENCY, PAYMENT OF CLAIMS MAY NOT BE GUARANTEED BY YOUR STATE'S GUARANTEE FUND.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

DECLARATION

IF A POLICY IS ISSUED THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of claims expenses which include but are not limited to attorney's fees and, in such event, the insurer shall not be liable for the costs of claims expenses or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that claims expenses that are incurred shall be applied against the deductible amount.

Signature of Owner, Partner, Member, Principal, or Officer Authorized to sign as Applicant:	Applicant's Printed Name:
Title:	Date:
Producer Name:	License #: