



**Dallas**  
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**Houston**  
P: (281) 759-4855  
F: (281) 759-7245

**hullandco-texas.com**

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

Contact: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Phone # \_\_\_\_\_

## Hole-In-One Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### DESCRIPTION OF EVENT

1. Name of Tournament: \_\_\_\_\_
2. Number of Participants: \_\_\_\_\_ Tournament Dates: \_\_\_\_\_
3. Name of Club where Tournament will be held: \_\_\_\_\_
4. Location of Club: \_\_\_\_\_
5. Hole designated for the Hole-in-One Contest: # \_\_\_\_\_ Yardage of the Hole: \_\_\_\_\_ Par of the Hole: \_\_\_\_\_
6. Indicate number of times a Hole-in-One has occurred in the last 3 years at the Hole designated for the Contest: \_\_\_\_\_
7. Value and type of prize to be offered: \_\_\_\_\_

### CONDITIONS OF COVERAGE

The coverage being considered by the completion of this application will be subject to the following conditions which are a part of any policy which may be issued upon acceptance of this application. Please review carefully as failure to comply with any of these conditions would cause all coverage to be voided.

- ! " All equipment to be used during the Tournament shall conform to the specifications set forth by the United States Golf Association (USGA). The Tournament shall be conducted in accordance with the rules furnished by this authority.
- ! " The Tournament shall be conducted on a regulation 18-hole course as specified by the USGA. The hole-in-one must occur during a regular 18 hole round.
- ! " The green(s) at the insured hole(s) shall not be specially prepared or altered from the condition which is usual for normal play nor shall the hole(s) be so positioned on the green(s) as to facilitate a hole-in-one. The placement and size of the hole must comply with USGA rules.
- ! " Play at the insured hole(s) shall be supervised throughout the Tournament by a specifically designated official of the club and any participant claiming the prize shall have his card signed by his opponent and the approved official.
- ! " Play at the insured hole(s) shall not exceed more than one round per day. Each participant shall attempt only one stroke at the insured hole.
- ! " Once a hole-in-one has been made, the prize for the hole has been won and the prize amount will not be reinstated for other participants.
- ! " The Company's liability to indemnify the Insured for the prize shall not exceed the lesser of the following:
  - a. The prize amount stated for that hole, if paid in cash.
  - b. The actual cost of the prize to the Insured as verified by invoice or receipt.

**CONDITIONS OF COVERAGE (Continued)**

- ! " Coverage is not provided for professional golfers. A "professional" is any person, whether that person belongs to or is actively involved in any professional organization such as the Professional Golfers of America, that plays golf for remuneration; receives prizes, testimonials or gifts for his participation or receives compensation for golf instruction.
- ! " In the event of cancellation of the Tournament, a 50% Minimum Earned Premium shall apply.

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____		
		_____		
		_____		
		_____		
		_____		

Has the applicant been cancelled or non-renewed in the last three years?.....  Yes  No

If yes, Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

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Producer's Signature

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Date

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Applicant's Signature

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Date

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT**

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.