



The Long Shot

HOLE IN ONE / PRIZE INDEMNIFICATION INSURANCE APPLICATION

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN THE INSTANT QUOTE SECTION, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

GENERAL INFORMATION

1. Applicant's name: _____
2. Mailing address: _____
3. E-mail address of primary contact: _____
4. Name of additional insured: _____
 Mailing address: _____
 Additional insured's interest in event: _____

TOURNAMENT INFORMATION

5. Event name: _____
6. Event date: _____
7. Course name: _____
8. Course address: _____
9. Number of registered players/participants/contestants expected: _____

TARGET HOLE INFORMATION

Designated Hole #	Men's Tee Yardage (Minimum 150 yards)	Ladies' Tee Yardage (Minimum 125 yards)	Prize Value (Cash Value) (Up to \$50,000 are eligible)

ELIGIBILITY

10. Minimum hole yardage: 150 yards tee to hole for men, 125 yards tee to hole for ladies. True False
11. No practice shots, mulligans or substitute shots are permitted. True False
12. No professional golfers are permitted to participate. True False
13. Hole in one prize(s) worth up to \$10,000 in value will be witnessed by a minimum of two (2) playing partners of the golfer who scores the hole in one. True False
14. Hole in one prize(s) worth \$10,001 to \$50,000 in value will be witnessed by a minimum of two (2) playing partners of the golfer who scores the hole in one, plus an independent, official witness over the age of 18 who is not participating in the hole in one contest and is not an employee of any insured. The independent witness shall be stationed at the green or on the tee box at each designated hole. True False

Please note:

* Changes in the number of players greater or less than five percent (5%) must be reported within one (1) day prior to the start of the event.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief that particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on the information supplied by the applicant prior to issuing a quote. It is agreed that this application, including any material submitted therewith, shall be the basis of the contract should a policy be issued.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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 agencies.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All other states): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____
Owner, officer, partner, or member (Required) (Required)

Broker's signature: _____

Some states require that we have the name and address of your (insured's) authorized agent or broker.

Name of authorized agent or broker: _____

Address: _____

Mail complete application through local agent or broker to: _____