



Texas Specialty Underwriters, Inc.
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 Rockwall, Texas 75087
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Hole-In-One Insurance Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify): _____

A. Location of Golf Club where tournament is to be held: _____

B. Title of tournament: _____

C. Limit of Liability desired \$ _____

D. Prize will be: Cash Car Other: _____

E. Date(s) of coverage: _____

F. Number of rounds per day: _____

G. Number of participants: _____

H. How many shots does each participant have at insured hole during tournament play? _____

I. 9 hole course 18 hole course

J. Are there more than 4 par 3 holes on the course? _____

K. Hole(s) to be covered: No.: _____ Length in yards: _____ Par: _____

L. If more than one hole, is there a prize per hole? Yes No If yes, amount of coverage per hole \$ _____

M. Any losses for specified hole(s) in the past 5 years? Yes No If yes, describe: _____

Hole must be at least 120 yards.

IT IS HEREBY UNDERSTOOD AND AGREED BY THE APPLICANT THAT:

Coverage is for amateurs only.

Certification of achievement shall be made by one witness, the successful competitor and the Club Secretary.

Persons who will be certifying: _____

NAME/TITLE

NAME/TITLE

NAME/TITLE

The Hole-In-One must occur during official tournament play by an official player.

No practice shots shall be permitted and all shots shall be made in the regular round of tournament play.

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

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

I have read and am aware of the contents of this application which will be made a part of the policy if accepted and issued by the Company.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S TITLE _____

————— 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.

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

HOLE-IN-ONE