



INSURANCE INNOVATORS INCORPORATED
130 S. Easton Rd. PO Drawer 969, Glenside, PA 19038
(215) 885-7300 Phone; (215) 886-2482 Fax; 800-523-6422 Toll Free

Application for Hole-In-One Insurance

Agent or Broker

Location

Producer Code

1 Applicant

Name

Street Address

City

State

zip

2 Tournament to be Insured

Name

Location of Course or Club

3 Date(s) to be Insured _____

4 Amount of Insurance Desired \$ _____

5 Number of Participants _____

Amateurs

Professionals

6 Hole(s) to be Insured (minimum length: 125 yards)

Number(s)

Length (in yards)

7 Number of Rounds on Insured Hole(s) _____

8 No insurer has declined or cancelled similar insurance, except (if none, so state)

Completion and signing of this application do not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. The applicant's firm order based on a quotation by the company is required before risk may be bound and a policy issued.

Signature of Applicant

Date