

HOLE-IN-ONE – QUESTIONNAIRE AND PREMIUM CALCULATION

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "NO", you are not eligible for coverage.

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| 1. Is the hole length 135 yards or more on all covered holes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is "professional golfer" participation prohibited? (earning over \$2,500/year from golf activities) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are practice shots or multiple attempts prohibited? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Must the hole-in-one occur during official tournament play by an official player? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will there be at least two event officials monitoring the competitors' attempts at all times? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

REQUIRED INFORMATION

6. Location of golf course or club where event will be held: _____
7. Title of tournament or event: _____
8. For each hole you are requesting coverage for, please provide the following: hole number; yardage; par: _____
9. On the covered holes, how many hole(s)-in-one have occurred in the last 5 years: _____
10. Prize award/amount of coverage desired (over \$20,000 contact your Capitol underwriter): _____
11. Day or Dates of coverage: _____
12. Number of participants (less than 12 or more than 180 contact your Capitol underwriter): _____

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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 Producer Name and Address

PREMIUM CALCULATION (Must be completed.)

Length of Hole

Less than 135 yds. not eligible; please stop or select another hole.

Line 1: _____ Yds.

Number of Golfers

For less than 12 or more than 180, contact your Capitol underwriter.

Line 2: _____ Golfers

Select the Appropriate Rate:

Use the table below.

Line 3: \$ _____

Prize Awarded (dollar amount or cost value)

May not be more than \$20,000; higher limits, contact your Capitol underwriter.

Line 4: \$ _____

Prize Amount (from Line 4) \$ _____

Divided by 100 _____

Times Rate (from line 3): _____

= Your final Premium: \$ _____

(Round to the nearest dollar.)

Do not enter less than \$100.00 Minimum premium

To bind: Complete the Questionnaire, including signatures of the producer and insured and fax to Capitol's home office at 608-829-7420. **This Questionnaire must be received at least one day before event.** RATES PER \$100 OF PRIZE AWARD AMOUNT

One shot for each golfer!

Length of Hole (yards)	NUMBER OF GOLFERS					
	12 to 72	73 to 108	109 to 144	145 to 180	181 or more	
Less than 135	Not Eligible					
135-145	\$4.00	\$4.35	\$4.70	\$5.00	Contact Home Office	
146-155	\$3.40	\$3.70	\$4.00	\$4.25		
156-175	\$3.00	\$3.15	\$3.40	\$3.60		
176 and over	\$2.55	\$2.70	\$2.90	\$3.05		