



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

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## Application for Hole-In-One Insurance

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Agent or Broker

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Location

Producer Code

### 1 Applicant

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Name

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Street Address

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City

State

zip

### 2 Tournament to be Insured

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Name

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Location of Course or Club

**3 Date(s) to be Insured** \_\_\_\_\_

**4 Amount of Insurance Desired \$** \_\_\_\_\_

**5 Number of Participants** \_\_\_\_\_

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Amateurs

Professionals

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

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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)

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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.

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Signature of Applicant

Date