

# Hole-In-One Insurance Questionnaire

## QUESTIONNAIRE FOR "HOLE-IN-ONE" INSURANCE

1. Name of Applicant \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Location of Golf Course or Golf Club where tournament is to be held:  
Course/Club name \_\_\_\_\_  
City, State \_\_\_\_\_
4. Title of Tournament \_\_\_\_\_
5. **Prize Award/Amount of Coverage Desired** \_\_\_\_\_  
(May not be more than \$20,000; for higher limits please contact Capitol's Home Office)
6. Date(s) of Coverage \_\_\_\_\_
7. Number of Participants \_\_\_\_\_
8. Are the participants Professionals or Amateurs? \_\_\_\_\_  
(Not eligible if any participants are professionals (golfers who receive more than \$2,500 annually in the sport))
9. Hole(s) to be covered: No. \_\_\_\_\_ Length in Yards \_\_\_\_\_ Par  3  4
10. On the covered hole, how many hole(s)-in-one have occurred in the last five years? \_\_\_\_\_  
(If more than 2, risk is not eligible and you many not bind; contact Capitol)
11. **Warranties:** It is hereby warranted by the insured that
  1. Two Committee members shall be stationed at the selected hole(s) at all times during the tournament.
  2. Certification of achievement shall be made by the two Committee Members, the successful competitor and the Club Secretary.
  3. Signed score cards must be submitted at time of claim.
  4. The Hole-In-One must occur during official tournament play by an official player.
  5. No practice shots shall be permitted and all shots shall be made in the regular round of tournament play.
  6. The actual length of the selected hole(s), during the event stated above shall not be less than the length stated in the form.

I have read, and am aware of the contents of, this Questionnaire form, which will be made part of the policy if accepted and issued by the company.

Applicant Name _____	Agency Name _____
Representative Name _____	Agency Address _____
Representative Title _____	Agency Number _____
Representative Signature _____	Producer Signature _____
Date _____	Date _____
	Premium Submitted _____
	Check Number _____

Coverage is bound only if all parts of the questionnaire have been completed, valid signatures appear on the Questionnaire, the Questionnaire has been received at least one day before the event and all qualifying criteria comply with stated requirements. In addition to above, event must not be: holes less than 135 yds., fewer than 12 or more than 180 golfers, and prize may not be more than \$20,000.

## 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**

Fewer than 12 or more than 180, do not bind, contact Capitol's home office

**Line 2** \_\_\_\_\_ Golfers

**Use the Table Below to select the appropriate rate**

**Line 3** \$ \_\_\_\_\_

**Enter the dollar amount of cost value of Prize Award**

May not be more than \$20,000; higher limits, contact the Home Office

**Line 4** \$ \_\_\_\_\_

**Divide the Prize Award amount by 100, then multiply times the Rate on Line 3**

Do not enter less than \$100.00 Minimum premium

Prize Amount (from Line 4) \$ \_\_\_\_\_  
 $\div 100 =$  \$ \_\_\_\_\_  
 $\times$  Rate (from Line 3) \_\_\_\_\_  
**= Your final Premium** \$ \_\_\_\_\_

Round to the nearest dollar.  
 Also enter premium on questionnaire front

**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 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	<b>Not Eligible</b>				
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	

**Second Round**

Contact Capitol's Home Office