



**HCC SPECIALTY UNDERWRITERS, INC.**

A SUBSIDIARY OF HCC INSURANCE HOLDINGS, INC.

401 Edgewater Place, Suite 400, Wakefield, Massachusetts 01880 Telephone: (781) 994-6000 Facsimile: (781) 994-6001  
www.hccsu.com

**PRIZE INDEMNITY INSURANCE "HOLE-IN-ONE APPLICATION"**

1. Please provide the following information on the proposed insured:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

2. Please provide the following information pertaining to the golf course on which the event will take place:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Year Founded: \_\_\_\_\_

Average # of rounds the course is played per year: \_\_\_\_\_

3. Event Date(s): \_\_\_\_\_

4. For each of the dates the event is held, how many rounds of golf will each participant play?

\_\_\_\_\_

\_\_\_\_\_

5. Provide the following information for the holes you wish to have insured:

	<u>HOLE #</u>	<u>YARDAGE</u>	<u>PAR</u>	<u>TYPE OF PRIZE TO BE OFFERED AND ITS DOLLAR VALUE</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____

6. For the following holes you have listed in Question 5, please provide the following historical data:

	<u>HOLE #</u>	<u>TOTAL # OF HOLE-IN-ONES MADE ON THIS HOLE</u>	<u># OF HOLE-IN-ONES MADE DURING THE PAST 10 YEARS</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

7. Please provide the following information on the event participants:

Total Number of Participants: \_\_\_\_\_

Number of Amateur Participants: \_\_\_\_\_

Number of Professional Participants: \_\_\_\_\_

8. A minimum of one (1) person must serve as the official witness for this event and one (1) person must videotape each attempt. Please provide the following information with respect to the official witness(es) and who will be responsible for the videotaping:

	<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____
G.	_____	_____	_____
H.	_____	_____	_____

The information provided in this application is verified as true by (proposed insured):

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_