



HOLE-IN-ONE APPLICATION

2 Central Street, Unit #5, Georgetown, MA 01833
1-800-FAIRSKY (324-7759) 978-565-1209 (Fax)
WWW.WKFC.COM

NAME OF INSURED: _____

ADDRESS: _____

TITLE AND LOCATION OF THE TOURNAMENT: _____

EVENT DATE(S): _____

HOW MANY DAYS IS THE TOURNAMENT AND HOW MANY DAYS WILL THE PRIZE BE OFFERED? _____

WHAT HOLE IS GOING TO BE USED FOR THE HOLE-IN-ONE? _____

HOW LONG IS THE HOLE (YARDAGE): WOMEN: _____ MEN: _____

WHAT IS THE PAR FOR THE HOLE? _____

HOW MANY PLAYERS? _____

AMATEURS: _____ PROFESSIONALS: _____

DESCRIPTION OF THE PRIZE: _____

Note: The named insured should be the firm or individual purchasing the cover. Coverage is available for organized tournaments only. There must be a witness to the hole-in-one who must sight the proof of loss.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PRODUCER DATE

NAME AND ADDRESS OF THE PRODUCER:

TELEPHONE: _____ FAX: _____