

WKF&C AGENCY, INC.

**APPLICATION FOR HOLE-IN-ONE COVERAGE**

Name of Insured: \_\_\_\_\_

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

Title and Location of Tournament: \_\_\_\_\_

What are the date(s) of the tournament? \_\_\_\_\_

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)? \_\_\_\_\_

What is the par for this hole? \_\_\_\_\_

How many players? \_\_\_\_\_ Amateurs \_\_\_\_\_ Professionals

Prize Value: \$ \_\_\_\_\_

Description of 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 & Address of Producer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_