



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

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Hole-In-One Insurance Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent's Name _____
 Agency Name _____
 Address _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

Applicant is: Individual Corporation Partnership Joint Venture Other (Specify): _____

A. Location of Golf Club where tournament is to be held: _____

B. Title of Tournament: _____

C. Limit of Liability desired: \$ _____

D. Prize will be: Cash Car Other: _____

E. Date(s) of Coverage: _____

F. Number of Rounds per day: _____

G. Number of Participants: _____

H. How many shots does each participant have at insured hole during tournament play? _____

I. 9 Hole Course 18 Hole Course

J. Are there more than four par 3 holes on the course? Yes No

K. Hole(s) to be covered: No.: _____ Length in yards: _____ Par: _____

L. If more than one hole, is there a prize per hole? Yes No

If yes, amount of coverage per hole: \$ _____

M. Any losses for specified hole(s) in the past five years? Yes No

If yes, describe: _____

Hole must be at least 120 yards.

IT IS HEREBY UNDERSTOOD AND AGREED BY THE APPLICANT THAT:

Coverage is for amateurs only.

Certification of achievement shall be made by one witness, the successful competitor and the Club Secretary.

Persons who will be certifying: _____
Name/Title

Name/Title

Name/Title

The Hole-In-One must occur during official tournament play by an official player.

No practice shots shall be permitted and all shots shall be made in the regular round of tournament play.

Any policy issued will be based upon the above information and will be considered as conditions in the policy.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.