

Chris-Leef General Agency, Inc.  
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(800) 548-0491 (800) 383-1235 fax  
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**HOLE-IN-ONE**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Name of Tournament \_\_\_\_\_

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

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

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

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

Name of Club and Course: \_\_\_\_\_

Location of Club and Course: \_\_\_\_\_

Hole No. \_\_\_\_\_ Length \_\_\_\_\_ Par \_\_\_\_\_  9 Hole Course  18 Hole Course

Is this a Par 3 type course?  Yes  No

Number of Participants: \_\_\_\_\_ Number of Days or Rounds \_\_\_\_\_

Number of prior Hole-In-Ones this hole in tournament or special activity play:  None \_\_\_\_\_ #

Type and Amount of Prize: \_\_\_\_\_

# Yards	# of Participants	Rate 1st Round (per \$100. of prize)	Each Additional Round
151-175	1-100	\$3.00	\$2.85
	101-200	\$3.50	\$3.35
	201 and Up	\$4.00	\$3.55
175 and Over	1-100	\$2.00	\$1.90
	101-200	\$2.50	\$2.40
	201 and Up	\$3.00	\$2.85
<b>Minimum Premium of \$350.00 is fully earned.</b>			

WARRANTED Each event must meet all of the following requirements to be considered for coverage.

Amateur participants only. No Professionals.

Maximum Limit: \$10,000. per hole, per tournament. One prize per hole, per tournament will be awarded.

Each tournament must be a bona fide sponsored event.

The tournament shall be conducted in accordance with the rules furnished by the United States Golf Association and all equipment to be used during tournament shall conform to specifications of the United States Golf Association.

A Hole-In-One must occur during officially scheduled tournament play by an official player while playing a complete round during the tournament.

The green(s) at the insured hole(s) shall not be altered or specifically prepared in any way so as to facilitate a hole-in-one

Certification of achievement shall be made by the impartial judge to be selected by Insured with agreement of the Company

Score card must be signed by all members of the foursome.

One shot per play, per round of golf. No practice shots.

Subject to premium rated or \$350. M.P. (whichever higher) + \$50. Fee + applicable tax (5% Missouri / 6% Kansas)

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

AGENT: \_\_\_\_\_

AGENT ADDRESS: \_\_\_\_\_