



# Hole in One Proposal Form

Certain Underwriters at Lloyd's and/or Companies (**Insurers**) acting through their agent  
International Underwriting Agencies Ltd ("IUA") PO Box 7238, Wellesley Street, Auckland 1010

## IMPORTANT

- This proposal forms the basis of your contract with Insurers. You should take care to complete this form fully and accurately, to the best of your knowledge and belief. If you do not disclose any fact or circumstance which would be likely to influence our acceptance of the proposal, we may void your policy and any claim will not be paid.
- If you are in any doubt as to whether a fact is material you should disclose it anyway.
- Cover will not be effective until this proposal has been accepted by Insurers acting through their agent IUA and a copy will be supplied to you on request.

PLEASE TICK BOXES AS APPROPRIATE AND COMPLETE FULLY USING BLOCK CAPITALS

## IMPORTANT INFORMATION ABOUT YOU

- 1 You / Proposer (Name) :
- Address:
- Postcode:  Telephone No: (  )
- 2 Have you made any claim on an insurer or incurred any losses in connection with this type of insurance?  Yes  No
- If "Yes", please give full details:
- 3 In respect of any risk proposed has any insurer ever cancelled or declined to renew a policy, imposed special terms or declined to give a quotation?  Yes  No
- If "Yes", please give full details:
- 4 Have you or any person connected with the risk proposed ever been convicted of a Criminal offence other than a motoring offence?  Yes  No
- If "Yes", please give full details:

## INFORMATION ABOUT THE COMPETITION

- 1 At which Golf Club is the Event to take place?
- 2 Date and duration of the Event: From:  /  /  to:  /  /
- 3 Hole Number:  Par:
- 4 Length of the Hole in Yards / Metres:
- Please note that the minimum distance for amateur competitors is 140 yards/m or 180 for professionals
- 5 Number of (a) Amateurs players:
- (b) Professional players:
- 6 Description of Prize:

7 Value of Prize:

8 Who is supplying the Prize?

9 Please provide details of two persons who will be required to attend supervise the Competition at all times.  
These persons will be responsible for ensuring that the Competition Rules are adhered to and will record the number of entries.

In the event of a claim, we may require a written statement from these persons.  
Only persons approved by us may supervise the Competition.

Name:

Name:

Age:

Age:

Occupation:

Occupation:

## DECLARATION

I/We declare that:

- The information I/We have given is true and complete to the best of my / our knowledge and belief.
- I/We understand that the proposal forms the basis of the contract between me/us and the Insurers.

Signature:

Date: