

BROKER'S NAME & ADDRESS

Name _____

Mailing Address _____ City _____ Province _____ Postal Code _____

Phone Number _____ Fax Number _____

TOURNAMENT & COVERAGE DETAILS

Client Name: _____

Tournament Name: _____

Golf Course Name & Province: _____

Date(s) of Tournament: _____

Number of Players: Amateur: _____ Professional: _____ (Please call for a quote if there are more than 144 players.)

Hole Number	Amount of Insurance (Prize Amount)	Number of Rounds at Insured Hole (i.e. that each golfer will tee off at)	Yardage as Stated on Score Card

Minimum distance from the tee to the hole: Amateur - 160 yards for men and 145 yards for women; Professional – 175 yards

PAYMENT DETAILS (Premium must be postmarked prior to the event to bind coverage)

Quoted Premium: \$ _____ LOC Package Policy Number: P6

Please note: Provincial taxes may apply depending on location of tournament. It is the broker's responsibility to collect applicable sales tax.

DECLARATION

Before signing this application, please read the attached policy wordings.

I/We declare that the statements set forth herein are true. Signing of this application does not bind the applicant or the Insurance Company to complete the Insurance, but it is agreed this form shall be the basis of the contract should a policy be issued.

Name of Applicant

Signature of Applicant
(INSURANCE AGENT)

Date (day/month/year)

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FAX APPLICATIONS TO: 866-308-2784

OR EMAIL TO: quotes@cambrianspecialrisks.com