

PROPOSAL FORM HOLE-IN-ONE PRIZE INDEMNITY

1. Your registered business/company name (the Insured)								
2. ABN (or equivalent)					3. Phone Num	ber	4. Policy Currency	
							AUD	
5. Your registered business address				6. State		7. Postcode		
8. Event name					9. Event Type (eg. Tourna	ment, Charity Day etc)	
10. Course name and full address including postcode								
11. Event Start Date		12. Tee Off Time		13. Event End	l Date	14	. Event End Time	
15. Prize value		16. Prize description		17. Hole Num	nber	18	. Par	
19. Hole length* (tee to hole)		20. Number of amateur participants		21. Number of pro participants (incl. club pros)				
met								
*the minimum hole distance must be 130 metres for all amateur participants and 150 metres for all pros. All participants, regardless of gender, may tee off from any tee box they wish, but the shortest hole distance offered must be declared to Us and shown in the policy schedule for an attempt to be considered valid.								
22. Will any participants have more one attempt at the insured hole?		than 23. If a Hole In One is score of the insured prize require				24. If Yes, how many prize reinstatements are required?		
No Y	'es	No	Yes					
25. If there have been any hole in ones on this course in the last 5 years, please give details								
26. Notes - please in	iclude anv spe	cial requests or any add	litional informati	on relevant to	the proposed o	competiti	on here	
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Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:

- a) Final acceptance by You and then Us prior to the quote expiry date shown in the non binding indication, after which the resulting insurance cannot be cancelled.
- b) You undertaking to advise Us of any change in the supporting information or additional information that should be supplied to make this non binding indication current, occurring prior to the inception date of any insurance subsequently issued.
- c) You having declared all material facts likely to influence a reasonable Underwriter in determining:
 - · whether or not to accept the risk,
 - the premium
 - · the terms, conditions, exclusions and limitations
- d) You, if acting on behalf of others, being deemed to have obtained and declared all the information provided after making enquiry of each of them:
 - any intermediary(ies) acting on behalf of any parties referred to in 4(a), being deemed to have obtained and declared all the information provided after making inquiry of the party(ies) for whom they act
 - You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
- e) You undertaking that no other insurance has been purchased on this specific risk and none shall be without Our prior written approval; in the event of such approval being given, the terms, conditions, exclusions, limitations and premium set out in any non binding indication may be amended by Us.
- f) You paying the premium with acceptance of the non binding indication. If (in accordance with 1 and 3 above) We do not accept the risk, the premium will be returned.

To the best of Your knowledge and belief and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in Your own hand or not, is true and You have not withheld any material facts. You understand that nondisclosure or misrepresentation of a material fact* will entitle Us to void the Insurance.

*NOTE: A material fact is one likely to influence acceptance or assessment of this Proposal by Us: if You are in any doubt as to what constitutes a material fact You should consult your Broker.

It is understood that the signing of this Proposal does not bind You to complete or Us to accept this Insurance, but You agree that, should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

I/We declare that the information provided above and in all appending sections is true to the best of My/Our knowledge.

Signature	Date
Full name	Position Held