Application and Policy Declaration

Hole-in-One ETC Program ... 905-768-1333

Please Return by Email:
sales@holeinoneETC.ca
5 DAYS PRIOR to Event

(Please Print)						sales@holeinoneETC.ca 5 DAYS PRIOR to Event
Name of Insured (Applicant):			Contact		<u>L</u>	
=					<u>_</u>	
Email Address			Phone		Fax	
Mailing Address (for signs)			Cit	ty	Pr	ovince Postal Code
Name of Tournament:						
Date(s) of coverage required:					Start Time:	
Tournament Chairperson:					Email or Phon	e:
Golf Course for Tournament:				cou	rse is: • 9 holes	• 18 holes • 27 holes • 36 holes
Address of Golf Course:					City, Province	:
Golf Course Contact Person:						::
Total # of Amateur Golfers/Partici	oants:		(approx			approx women)
a minimum of 165 yards	for men (15	0 yards for	ladies) & must	have a non-	olaying monito	bove the distance must be r witness at the GREEN
Each Hole-in-One Contest INCLU HOLE-IN-ONE	JDES a 2 π x . HOLE	2 π, Full-Cold	NUMBER	PRICE PER	Premium	Example # of golfers x Price = Premium
PRIZE/CONTEST (sign)	NUMBER	LENGTH (yards)	OF GOLFERS	GOLFER	Amount	120 players & Vegas Trip
\$10,000 Value		,	х	\$ 1.95 =		120 x \$ 0.75 = \$ 90
\$ 15,000 Value			X	\$ 2.95 =		
\$20,000 Value			X	\$ 3.95 =		
\$25,000 Value			X	\$ 4.95 =		Total Premium:
\$35,000 Value \$40,000 Value			X	\$ 6.95 = \$ 7.95 =		
\$45,000 Value			X	\$ 8.95 =		Admin fee: + \$75
\$50,000 Value			X	\$ 9.95 =		Includes 2 ft x 2 ft
Stanley Cup (Gms 3 & 4)			X	\$ 2.95 =		Tee-Signs Advertising Each prize purchased.
			х	=		
TOTAL					\$	Sub Total:
					Total Premium	
ALL Payments must be made event start to avoid cancellat			ements have bee	en made in wr		13% HST: *Total
Payment by: • cash • cheq	ue • Visa	Masterca		orized nt: \$		Premium:
Credit Card Number: Expiry:					*Minimum Rate is \$250	
Card Holder Name (please print):					
	Digasa Boad	all Holo-in	one Policy Rule	se & Rogulati	ione (included	1
			•		•	j.

IN CONSIDERATION OF the premium payment, subject to all terms of the policy and in reliance of the truth of the statements in the declarations made a part hereof, the Insurer agrees with the Insured to comply with all Insuring Agreements listed herein.

Applicant's Signature:	Dated this	day of	, 2025.
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