

APPLICANT INFORMATION:

1. Name of Applicant: _____
2. Address: _____ City: _____ Province: _____ Postal Code: _____

TOURNAMENT:

3. Tournament to be Insured: _____
4. Golf Club / Course: _____
5. Golf Club / Course Location: _____
6. Tournament Start Date: _____ (MM/DD/YYYY) Tournament End Date: _____ (MM/DD/YYYY)

PLAYERS:

7. Number of Players: _____
8. Are all players amateur only? YES NO (coverage restricted to amateur players only)

HOLE:

9. How many holes will prizes be offered on? _____ Note: only one hole can be insured per policy
10. Hole #: _____
11. Does the length of each hole to be insured meet these minimum requirements: Minimum **160** yards for men, minimum **145** yards for women?
 YES NO
12. Number of rounds on this insured hole per player (how many times each golfer tees off at the insured hole): _____
13. Prize value of the insured hole: _____

BINDING INFORMATION:

Please note that changes cannot be made once the policy is issued. Please review to confirm all information provided is accurate.

14. Effective Date Requested: _____ (MM/DD/YYYY) Effective Time: _____ AM / PM
15. Expiry Date Requested: _____ (MM/DD/YYYY) Expiration Time: _____ AM / PM

PLEASE READ BEFORE SIGNING APPLICATION:

This application will be incorporated in its entirety into any relevant policy of insurance where insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void at inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law of and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I can confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. Signing of this form does not bind the Applicant to purchase the insurance or the insurer to accept the risk, but is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada.

INSURANCE IS NOT IN EFFECT UNTIL PREMIER MARINE HAS ISSUED A BINDER NUMBER
BROKER COMMISSION IS 15%.
POLICY FEE APPLIES IN ADDITION TO PREMIUM.
PREMIUM IS FULLY EARNED AND RETAINED
EXCLUDES ALL PARTICIPANT'S LIABILITY

- Applicant's Signature: _____ Date: _____
- Brokerage Firm: _____ Broker's Name: _____
- Broker's Email: _____ Signature: _____
- Tel#: _____ Fax#: _____

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