

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Hole In One Insurance

Bridenstine and Associates

Fax 612-395-5233

Contact First Name _____ Contact Phone Number _____
 Contact Last Name _____ Fax _____
 Your Company Name _____ Your Web Page Address _____
 Mailing Address 1 _____ Email _____
 Mailing Address 2 _____ Evening Phone _____
 Mailing City _____ State _____ Zip Code _____ Cell Phone _____
 Contact Notes _____

Location Address 1 _____
 Location Address 2 _____
 Location City _____ State _____ Zip Code _____

Years in business _____

Business Type Individual Corporation Partnership
 Joint venture LLC Other

Premises Type Owner Owner-Lessor Service
 Off ice Habitational

Program Retail Wholesale Service
 Off ice Habitational

Description of operations _____

Mortgagee name & address _____

Business liability _____ \$300,000, \$500,000, or \$1,000,000

Business personal property to cover _____ enter \$ amount

Deductible _____

Exterior glass Yes No Sign Yes No

Amount of Money & Securities ie \$10,000 Inside/\$2,000 outside _____

Systems breakdown - Boiler and Machinery Yes No

Accounts receivable Amount _____

Valuable papers _____

Business computer: Hardware _____

Software _____

Employee dishonesty _____

Additional insured name & address _____

Non-owned and hired automobile _____

Building Amount to insure _____
 Replacement cost _____
 Actual cash value _____
 Construction Frame Joisted masonry
 Masonry: Noncombustible
 Fire resistive
 Sq. foot area of each building _____
 Sq. foot area occupied by applicant _____
 Year of construction _____
 Number of stories _____

Annual Sales _____

Annual payroll _____

Number of Employees _____

Payroll Excluding Owner _____

Prior Insurance Description Past 3 Years (Company Name, Year's Covered)

Loss History (Descriptions, Dates, Amount paid)

Remarks

Hole In One Prize Coverage Questionnaire

Name of Event _____

Type of Event _____

HOLE IN ONE PRIZE COVERAGE APPLICATION

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

DAYTIME PHONE #: _____ FAX #: _____ E-MAIL: _____

AGENT (IF APPLICABLE): _____

MAILING ADDRESS: _____

DAYTIME PHONE #: _____ FAX #: _____ E-MAIL: _____

TOURNAMENT NAME: _____

GOLF COURSE: _____ DAYTIME PHONE: _____

TARGET HOLE DATA

IMPORTANT: TO BE FILLED OUT ACCURATELY BY APPLICANT

DATE(S)	HOLE #	YARDAGE	# OF CONTESTANTS (SHOTS) PER DAY			PRIZE VALUE	DESCRIPTION
			Amateurs	Club Pros	Tour Pros		
			Amateurs	Club Pros	Tour Pros	\$	
			Amateurs	Club Pros	Tour Pros	\$	
			Amateurs	Club Pros	Tour Pros	\$	
			Amateurs	Club Pros	Tour Pros	\$	
			Amateurs	Club Pros	Tour Pros	\$	

READ CAREFULLY THE TERMS ON PAGE TWO OF THIS APPLICATION.

Any certificate issued will be based solely upon the above information and be subject to the Certificate Terms printed on page two.

PAYMENT TO BIND COVERAGE

CHECK ENCLOSED _____

CHARGE TO CREDIT CARD #- _____ EXPIRATION DATE: _____

MASTERCARD VISA AMERICAN EXPRESS

NAME ON CARD: _____ AUTHORIZED AMOUNT \$- _____

(PLEASE PRINT)