



prize & contingency
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Unit 5/40 Leonard Cres
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INSURANCE ADVISERNET
AUSTRALIA PTY LIMITED
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AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER 345549
AFSL 91 072 342 942
austbrokers MEMBER
www.insuranceadviser.net

proposal form **hole-in-one** prize indemnity

YOUR DETAILS	1. Name	<input type="text"/>	
	2. Address	<input type="text"/>	3. Postal / Zip code <input type="text"/>
	4. Email address	<input type="text"/>	5. Telephone no. <input type="text"/>
			6. Policy currency <input type="text" value="AUD"/>

EVENT	7. Event name	<input type="text"/>		
	8. Name of course	<input type="text"/>		
	9. Venue	<input type="text"/>	10. City <input type="text"/>	11. Country <input type="text"/>
	12. Event start date	13. Event end date		

PRIZE & PLAYERS	14. Prize value	<input type="text" value="AUD"/>	15. Prize description	<input type="text"/>	16. Number of participants	<input type="text"/>
	17. Number of participants by status	18. Hole Number	19. Par	20. Hole length (tee to hole)		
	Professionals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> metres	
	Amateurs	<input type="text"/>				
	21. How many attempts is each player allowed?	<input type="text"/>				
	22. If there have been any hole in ones on this course in the last 5 years, please give details	<input type="text"/>				

ADDITIONAL	23. Notes	<input type="text"/>				
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CONDITIONS OF QUOTATION

- Any terms provided by Us as a result of non binding indication and any supporting information will be subject to:
- 1 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.
 - 2 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.
 - 3 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.
 - 4 You having declared all material facts likely to influence a reasonable Underwriter in determining:
 - a) whether or not to accept the risk,
 - b) the premium
 - c) the terms, conditions, exclusions and limitations
 - 5 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
 - a) 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
 - b) You accepting the quotation doing so on behalf of all others and accepting responsibility for payment of the premium as detailed in 7 below
 - 6 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.
 - 7 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.

DECLARATION

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 non-disclosure 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.

SIGNATURE

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