

## • GOLFER'S INSURANCE • PROPOSAL FORM

**In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.**

### IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**Vat No.:** .....

<p>1. (a) Name of Proposer:</p> <p>(b) Mailing Address: (including Postal Code)</p> <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Occupation:</p> <p>(f) Date of Birth &amp; Age:</p> <p>(g) National Registration (ID) No.:</p> <p>(h) Magna No. (if applicable to territory):</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>2. Name and Address of Proposer's Golf Club</p>	<p>.....</p>
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<p>3. To the best of your knowledge and belief, are you free from physical defect or infirmity and do you ordinarily enjoy good health?</p>	<p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
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<p>4. Have you any existing Personal Accident insurances with the Company?</p> <p>If so, please state policy number(s)</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>.....</p>
<p>5. Has any Insurer declined to accept or continue any of your insurances?</p>	<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
<p>6. Date from which cover is required</p>	<p>.....</p>

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

**Signed by Proposer**

Name (Please print)

.....

Signature

.....

Date .....

## THE GOLFER'S POLICY

### COVERS

1. **PUBLIC LIABILITY** Legal liability for bodily injury to third parties or damage to their property caused by the Insured whilst playing golf on any golf course within the Territorial Limits of the Policy.  
LIMIT \$500,000 in respect of any one accident.  
In addition, the Company pays legal cost recovered from the Insured and costs incurred with the consent of the Company.
2. **PERSONAL ACCIDENTS** to the Insured arising on any golf course within the Territorial Limits of the Policy.  
AGE LIMITS: 17-70 years.
  - (i) Death, or loss of sight of one or both eyes, or loss of one or more limbs, within 12 months of the accident - Compensation payable - \$10,000
  - (ii) Temporary total disablement - up to 104 weeks from the date of the accident - Compensation payable - \$100 per week.
3. **GOLFING EQUIPMENT** including clubs, bags, golf trolleys and umbrellas, against "All Risks" whilst in transit to or from or whilst at any golf club within the Territorial Limits of the Policy. Excluding (a) wear and tear or deterioration (b) loss of golf balls unless contained in the bag at the time of loss and (c) wearing apparel.  
LIMIT \$3,000 (Single Article Limit \$500)
4. **PERSONAL EFFECTS** (including wearing apparel) against the risk of Fire or Theft whilst in any golf club house within Territorial Limits of the Policy. Excluding watches, jewellery, furs, trinkets, medals, coins, money, securities or stamps.  
LIMIT \$1,000 (Single Article Limit \$200)
5. **HOLE IN ONE** whilst playing in a competition or friendly game on any recognised golf course within the Territorial Limits.  
LIMIT \$500

### TERRITORIAL LIMITS

Unless otherwise specially agreed and additional premium paid, the cover applies only to accidents happening in the country in which the Policy is issued.

### ANNUAL PREMIUM

\$200.00

\$2.50 (Stamp Duty)