



Independent Insurance Agents
Request/Application for Hole-In-One Coverage
10% Commission To All Insurance Agents

Please complete and fax to CGA, Inc., at **574-271-1747** for your quote/contract...

*For questions please call 1-800-242-7789.

-Please fill in form completely; uncompleted forms will result in delayed quotations.

Agency Name: _____

Independent Insurance Representative: _____

Address: _____

Phone: _____ /Fax _____ /E-mail _____

Would you like the contract sent directly to you or your client? _____ CLIENT / _____ AGENT (Check One)

I would like the necessary paperwork sent via: FAX EMAIL MAIL

1. Contact Person: (Name) _____ /FAX _____
(Individual signing actual contract)

2. Name of Organization: _____

3. Address: _____

City: _____ State: _____ Zip: _____

4. Tournament Date(s): _____

***Day(s) of Hole-In-One Coverage**

5. Tournament Title (or benefit of): _____

6. Golf Course (Name): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

** Is This A 9 Hole Course: Please Check One: Yes _____ No _____

** Is there more than one course at this location: Please Check One: Yes _____ No _____

If there is more than one course, please designate which course each hole is on in the blanks provided

If there is not more than one course, you do not have to complete the course blanks below

7. Prize Value(s): _____ Check One: Cash _____ Annuity _____

Description(s): _____

8. Number of Participants/Attempts: Amateurs: _____ Pros: _____ (Club or Touring)

9. Target Hole(s) #: _____ Yardage(s): Men: _____ /Women: _____ Course: _____

-Yardage for Men and Women must be 135 Yards on Target Hole. Women's tees must be within 15 yards of the men's tees-

10. Loss History on Target Hole: _____

11. Three Free Additional Hole-in-One Prizes (for remaining par 3's)

Minimum for men: 135/Minimum for women: 120. Women's tees must be within 30 yards of the men's tees.

Hole #: _____ Yardage: Men: _____ /Women: _____ Course: _____

Hole #: _____ Yardage: Men: _____ /Women: _____ Course: _____

Hole #: _____ Yardage: Men: _____ /Women: _____ Course: _____

**Yardage on additional prizes must be set at actual scorecard yardage unless moved to obtain CGA's minimum yardages.

Fax to: 574-271-1747

****Make copies for future use****

-Please fax a copy of the scorecard with this application-