

## EventCover Hole In One Assessor Checklist

To be completed by all Official Assessor prior to the commencement of the Competition.

Event name:

Event date:

Name:

Address:

Telephone:

Email:

1. I have confirmed that the distance of attempts from the tee markers to the hole is no less than as stated in the Policy Schedule.

2. I confirm that there are no current or former golf professional or trainee professionals competing in this "Hole-in-One" competition, unless otherwise agreed by Insurers and stated in the Policy Schedule.

3. I confirm that I am 18 years of age or older, and am not competing in this competition myself.

4. I confirm that the Ladies tee markers shall be no closer to the hole than 18 metres from the Men's tee markers, unless otherwise agreed by Insurers and stated in the Policy Schedule.

5. I confirm that I will position myself so that I am able to see the ball being struck, the flight and landing of the ball and the ball entering the cup, should it go in.

6. I agree to inform all competitors that any person(s) under the age of 18 are not eligible to compete for the "Hole-in-One" prize. I confirm that no more than the total number of attempts listed in the Policy Schedule will be taken and I further confirm that I will close the "Hole-in-One" competition when the total number of attempts have been reached.

7. I understand that each competitor may have one attempt only and that provisional or penalty shots are not accepted as a hole in one. Furthermore, I understand that practice shots will not be allowed.

8. I confirm I have sighted a copy of the Policy Schedule and understand my role in supervising the "Hole in One" competition.

Signature

Date

EC

## EventCover Hole In One Witness Affidavit

Event name:

Event date:

Course name:

Hole number:

Hole length:

Winner name:

The following "Witness(es)" hereby attest with his/her signature that he/she witnessed the HOLE-IN-ONE was achieved in totality, inclusive of witnessing the contestant taking the shot, the trajectory of the golf ball, and the ball going into the regulation hole, and also attests to the validity of this HOLE-IN-ONE claim. Furthermore, said Witness(es) hereby accept all legal consequences, which may result if such claim is determined to be false or fraudulent.

### Attested Witness Number 1

Name:

Address:

City: State: Postcode:

Telephone:

Occupation:

Signature: Date:

### Attested Witness Number 2

Name:

Address:

City: State: Postcode:

Telephone:

Occupation:

Signature: Date:

### Attested Witness Number 3

Name:

Address:

City: State: Postcode:

Telephone:

Occupation:

Signature: Date:

## EventCover Hole In One Claim Form

Event name:  
Event date:  
Course name:  
Hole number:  
Hole length:  
Winner name:  
Age:  
D.O.B.  
Address:  
State: Postcode:  
Telephone:  
Email:

I, attest that on \_\_\_\_\_, I was successful in scoring a hole-in-one in accordance with the contest rules and regulations and the attached terms and conditions.

I hereby declare that I do not fall into any of the following categories:

- a. Current or former golf professional - club or touring (unless otherwise agreed by Insurers and stated in the Policy Schedule).
- b. Aged 17 years or younger.

I agree to the use of my name, photograph and potential appearance in any publicity associated with this contest, their affiliates, respective agents, and their respective promotional agencies without further compensation.

Failure or disregard of any of the contest terms and conditions shall render the contract null and void and no prize award shall be made. I further certify that the information is correct and that I have read and agree to the rules and regulations of this contest. I fully understand that any misrepresentation of fact as to my eligibility, whether intentional or unintentional, shall be sufficient cause to forfeit any prize awarded by the contest sponsor.

Date:

Print Name:

Signature:

This is your policy of insurance, the terms, conditions and/or provisions of which shall be strictly construed to represent the entire agreement between the insurer and you. As the insured, no other representations, warranties, agreements or understandings shall apply to this insurance unless specifically documented in this policy.

