

**NATIONAL FIRE & MARINE
INSURANCE COMPANY**

SUBMIT TO:

ARGENIA, INC.

PO BOX 17370

LITTLE ROCK, AR 72222-7370

PH: 800-482-5968 / (501) 227-9670

FAX: (501) 227-8105

(General Agent)

GOLF HOLE-IN-ONE INSURANCE APPLICATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Name and Address of Course of Club where event held: _____

4. Date(s) of Event to be covered: _____

5. Description or Name of Event: _____

6. Number of Participants: _____ Amateurs: _____ Professionals: _____

7. Number of Rounds to be Played: _____

8. Designated Hole(s) and Prizes:

Designated Hole #	Length in Yards	Amount of Prize	Nature of Prize	Name of Independent Witness	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Total amount of all prizes and sums to be insured: \$ _____ Total Premium \$ _____

10. Number of Holes-In-One on any designated hole(s) in past year: _____

The applicant agrees to the warranties on the reverse side hereof and further agrees that the foregoing statements and answers are true and correct and requests the Company to issue the insurance policy in reliance thereon.

Producing Agent _____

Applicant's Signature _____

Address _____

Date _____