



# CLUB PRO STATEMENT

1-866-665-HIOD (1-866-665-4463)

Email Application to: [info@hiodirect.com](mailto:info@hiodirect.com)

Fax Application to: (403) 770-4953

Please note, if the course does not have a **CPGA Pro**, this form must be completed by the **course manager only**.  
A copy of the **signed scorecard** must accompany this signed statement.

Policy Number: \_\_\_\_\_

## TOURNAMENT INFORMATION

Tournament Name: \_\_\_\_\_

Golf Course: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_ Hole Number: \_\_\_\_\_ Yardage: \_\_\_\_\_  
*(dd/mm/yyyy) (hh:mm am/pm)*

Was the yardage verified by a member of your staff?  Yes  No

Name of the staff member who verified the yardage: \_\_\_\_\_

How was the yardage verified? \_\_\_\_\_

Was the target hole a RCGA regulation cup?  Yes  No

How many holes is the above named course?  9 Holes  18 Holes  
 27 Holes  36 Holes

Number of players in the insured tournament: \_\_\_\_\_

## PLAYER INFORMATION

Name of Player who made the Hole-In-One: \_\_\_\_\_

To your knowledge, is the player who made the Hole-In-One:  An Amateur?  A Club Pro?  A Tour Pro?

Do you professionally or personally know the winner?  Yes  No

## CGPA PRO/COURSE MANAGER INFORMATION

\_\_\_\_\_  
**Name of Pro (Please Print Clearly)** **Title** **PGA Number**

Current Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I am aware that by signing this form I am certifying that the information contained above and submitted to the insurer is accurate and truthful.**

\_\_\_\_\_  
**Signature of Pro** **Date (day/month/year)**

## GENERAL INFORMATION

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