



HOLE MONITOR STATEMENT

1-866-665-HIOD (1-866-665-4463)
Email Application to: info@hiodirect.com
Fax Application to: (403) 770-4953

Please note, a copy of the signed scorecard must accompany this signed statement

Policy Number: _____

TOURNAMENT INFORMATION

Tournament Name: _____

Golf Course: _____

Date of Event: _____ (dd/mm/yyyy) Hole Number: _____ Yardage: _____ (from tee to pin)

Was the insured hole modified? [] Yes [] No

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

Number of Participants who played with the Hole-In-One Winner: _____

HOLE MONITOR STATEMENT

Do you professionally or personally know any of the witnesses to the shot? [] Yes [] No

What time did the player make the shot? [] a.m [] p.m

Where were you standing at the time of the shot? [] Tee Box [] Green

Did you have a clear view of the player's winning shot? [] Yes [] No

Can you confirm this was the player's first attempt on the hole that day? [] Yes [] No

Name: _____ (please print clearly) DOB: _____ (dd/mm/yyyy)

Current Address: _____

Home Phone Number: _____ Business Phone Number: _____

Email Address: _____

Please provide a brief description of the shot, take by the player: _____

DECLARATION

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 Monitor

Date (day/month/year)

GENERAL INFORMATION

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