



**Canada
Hole-In-One
Insurance**

Operated by Galon Insurance Brokers

Hole-In-One Insurance Policy

Underwritten by Wynward Insurance Group
(Hereinafter called the Insurer)

PROOF OF LOSS

This form is provided to comply with the Insurance Act, where required, and without prejudice to the liability of the Insurer.

Insurer	Wynward Insurance Group
Name of Insured	
Postal Address	
Policy Number	
Date of Covered Tournament	
Golf Course Name	
Golf Course Address	
Insured Hole	
Number of Players	
Number of Rounds	
Amount of Coverage	
Yardage hole was played at	
Amount of Claim under this policy	

	Name	Contact Details	Signature
Player 1			
Player 2			
Player 3			
Player 4			
Player 5			
Tournament Official			
Golf Course Official			
The Insurer is authorized to pay this claim to:			

The said hole-in-one did not occur through any willful act, neglect, procurement, means or connivance of the Insured, Players, Tournament Official or Golf Course Official making this declaration.

In consideration of such payment the Insurer is discharged forever from all further claims by reason of the said loss or damage. All rights to recovery from any other person are hereby transferred to the Insurer which is authorized to bring action in the Insured's name to enforce such rights. All right title and interest is hereby assigned to the Insurer.

I, _____ (Insured) do solemnly declare that the foregoing claim and statements are to the best of my knowledge and belief true in every particular, and make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me at:	On (month/day/year):	Commissioner of Oaths or Notary Public:	Insured: