

CANCELLATION INSURANCE

Name of Proposed Insured: (Please *print* clearly) _____

Address: _____ City: _____

Province/State: _____ Country: _____

What policy term is being requested? _____ Date of Tournament: _____

What amount of coverage is being requested? _____

Description of the prize: _____

Hole to be Insured: Hole No(s): _____ Length/Yardage: _____ Stroke Index: _____

Club Name: _____ Event: _____

Location of Venue: _____

Number of Professionals: _____ Number of Participants: _____ Number of Rounds: _____

Other pertinent information: _____

IMPORTANT NOTE:

This insurance is effected with certain Underwriters at Lloyd's, London, England via contract number B1333ECB140089:
Sutton Special Risk
33 Yonge Street, Suite 270
Toronto, Ontario, Canada
M5E 1G4

Signature of proposed Insured: _____ Date: _____

MM/DD/YY

Witnessed by a Licensed resident agent: _____