GOLFERS INSURANCE APPLICATION FORM

A. DETAILS

Name:_____Age: :_____

ID/Passport No: _____

Occupation or Business _____

Home address :_____

Telephone : Office Telephone:_____Home Telephone:_____Mobile:_____

Fax No:_____Email:_____

Insurance period - From:_____To:_____

B. INSURANCE INFORMATION

Sum Insured/ Limit of Liability:

1.Give details of:-

a) Any personal accidents suffered by you while playing golf on any golf club_____

b) Losses or breakage suffered in respect of golfing equipment_____

c) Losses or damage suffered in respect of your personal effects_____

d) Any third-party claim against you arising from your playing golf at any golf club_____

2. Has any insurer in respect of any of the risks to which this proposal applies declined to insure you, or

Required special terms to insure you, or cancelled or refused to renew your insurance ?_____

Coverage	Sum Insured (Ksh.)	Deductible
☐ Third Party Liability	2,000,000.00	
☐ Personal Accident *(Applicable only to golfers of not less than 18 nor more than 65 years)*	100,000.00	
☐ Golf Equipment Protection	80,000.00	
☐ Personal effects-*(excluding Mobile phones/money/money equivalent/jewellery)*	20,000.00	Ksh.1,500.00 each and every claim
☐ Hole-in-one Achievement	50,000.00	

DECLARATION

I/we consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.
I declare that the above particulars to be true and correct and I agree that my warranties, declarations and disclosures herein shall form the basis of the contract between the Company and myself.

Signature_____ Date: _____

Click to Submit