

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
<input type="checkbox"/> Third Party Liability	2,000,000.00	
<input type="checkbox"/> Personal Accident <i>(Applicable only to golfers of not less than 18 nor more than 65 years)</i>	100,000.00	
<input type="checkbox"/> Golf Equipment Protection	80,000.00	
<input type="checkbox"/> Personal effects <i>(excluding Mobile phones/money/money equivalent/jewellery)</i>	20,000.00	Ksh.1,500.00 each and every claim
<input type="checkbox"/> Hole-in-one Achievement	50,000.00	

DECLARATION

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: _____