

Golfer's Insurance Proposal

Personal Details		
Name of applicant(s): Surname	Forename(s)	Date(s) of birth (MM/DD/YYYY)
Mailing address (including Postcode)		
Home phone	Cell phone	Work phone
Email address	Occupation/Employer	Insurance start date (MM/DD/YYYY)
General questions		
	Yes	No
1. Do you have any policies with Argus?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a professional golfer?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a member of a golf club?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your sight or hearing impaired?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any physical disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been refused insurance or had special terms imposed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had any losses or claims during the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been convicted of any offence involved of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered "Yes" to any of the above questions please provide details below		

Basic cover

Check the type of cover required: Bermuda Worldwide

Cover	Sum Insured
Section 1 - Golfing Equipment	\$ 1,000
Section 2 - Personal Effects	\$ 1,000
Section 3 - Personal Accident	\$ 10,000
Section 4 - Public Liability	\$ 250,000

Optional increases in cover

Check the type of cover required: Bermuda Worldwide

Cover	Sum Insured
Section 1 - Golfing Equipment	\$ 2,000
Section 2 - Personal Effects	\$ 2,000
Section 3 - Personal Accident	\$ 25,000
Section 4 - Public Liability	\$ 250,000

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Application, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE to maintain the amounts insured as the full replace value of the property. I agree that this Application forms the basis of the contract between me and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Applicant(s)

Signature of Underwriter

Date