

G O L F G U A R D

A P P L I C A T I O N F O R M

To apply for golf insurance cover, please complete SECTIONS 1-5
 then sign and return this completed Form with your cheque or payment details to:
 GOLFGUARD LTD, FREEPOST TN3468, PO BOX 270, EAST GRINSTEAD, WEST SUSSEX RH19 3BR
 ☎ 01342 318368

SECTION 1 – POLICY OPTIONS KINDLY INDICATE COVER REQUIRED BY TICKING BOX									
STANDARD COVER	ANNUAL PREMIUMS ARE BASED ON VALUE OF GOLF EQUIPMENT								PREMIUM £
(Age 18-85) ALL Benefits as listed	£750	£1250	£1750	£2250	£2750				
1st Applicant	£25	£30	£35	£40	£45				
2nd Applicant	£25	£30	£35	£40	£45				
STANDARD COVER –Please note there is a 10% DISCOUNT for a Joint Application (Both applicants must live at the same address). If applicable please deduct 10%. Please note this discount does NOT apply to Junior or Selective Cover.									
JUNIOR COVER									
(Age 8-17) ALL Benefits as listed	£500	£750	£1000	N/A	N/A				
1st Applicant	£20	£25	£30	N/A	N/A				
2nd Applicant	£20	£25	£30	N/A	N/A				
SELECTIVE COVER Providing the following benefits only: Personal Liability and Personal Accident Insurance Plus Hole in One Cover, as listed Annual Premium: SELECTIVE COVER - £15 per applicant									
(Premiums include Insurance Premium Tax @ 5%) TOTAL PREMIUM PAYABLE									£
SECTION 2 - PAYMENT DETAILS									
Payment of the above premium may be made by cheque to GOLFGUARD LTD, or by Visa/Mastercard/Maestro. Please note that the premiums quoted include Insurance Premium Tax and cover will commence on receipt of the premium by Golfguard Ltd. If payment by card is preferred, kindly supply the following information:									
Type of Card: VISA / MASTERCARD / MAESTRO			If Maestro: Issue No: Or Valid From:						
CARD NO:			Expiry Date: Security Number: (last 3 digits of number on signature strip)						
Amount to be debited to Card: £									
Signature:					Date:				
SECTION 3 – PERSONAL DETAILS Please complete the following:									
NAME OF APPLICANT: Mr/Mrs/Ms (Delete as applicable):									
FIRST NAME(S):					SURNAME:				
ADDRESS:									
POSTCODE:									
TELEPHONE NO:					AGE:				
OCCUPATION:					GOLF CLUB OR SOCIETY:				
NAME OF SECOND APPLICANT: Mr/Mrs/Ms (Delete as applicable) NAME(S):									
SURNAME:					AGE:				

SECTION 4 – CLAIMS HISTORY

Have you, or the second applicant, if applicable, made any relevant claim in the last three years?

YES / NO If yes please provide details:

SECTION 5 – GOLF EQUIPMENT Please provide the following details:**First Applicant**

Type	Make	Date Purchased	Price Paid £
Irons (No.)			
Woods (No.)			
Putter			
Waterproofs			
Trolley			
Electric Trolley			
All other:			

Total Value of Golf Equipment to be Insured £

Second Applicant (If applicable)

Type	Make	Date Purchased	Price Paid £
Irons (No.)			
Woods (No.)			
Putter			
Waterproofs			
Trolley			
Electric Trolley			
All other:			

Total Value of Golf Equipment to be Insured £

SIGNATURE OF APPLICANT(S):

DATE: