

GOLFGUARD APPLICATION FORM

**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

<u>STANDARD COVER</u> (Age 18-85) ALL Benefits as listed	ANNUAL PREMIUMS ARE BASED ON VALUE OF GOLF EQUIPMENT										PREMIUM £
	£750		£1250		£1750		£2250		£2750		
1 st Applicant	£25		£30		£35		£40		£45		
2 nd Applicant	£25		£30		£35		£40		£45		

Please note there is a 10% DISCOUNT for a Joint Application for Standard Cover (Both applicants must live at the same address). If applicable please deduct 10%. *This discount does NOT apply to Junior or Selective Cover.*

<u>JUNIOR COVER</u> (Age 8-17) ALL Benefits as listed	£500		£750		£1000		N/A		
	1 st Applicant	£20		£25		£30		N/A	
2 nd Applicant	£20		£25		£30				

SELECTIVE COVER Providing the following benefits only:
Personal Liability and Personal Accident Insurance Plus Hole in One Cover as detailed in the policy wording

Annual Premium: SELECTIVE COVER - £15 per applicant

(Premiums include Insurance Premium Tax @ 6%) **TOTAL ANNUAL PREMIUM PAYABLE** £

SECTION 2 - PAYMENT DETAILS

Payment of the above premium may be made by cheque to GOLFGUARD LTD, or by Visa/Mastercard or Switch.
The premiums quoted include Insurance Premium Tax @ 6% 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: