

GOLFGUARD WORLDWIDE GOLF INSURANCE**APPLICATION FORM**

Golfguard Ltd, P O Box 270, East Grinstead, West Sussex RH19 3WP

NAME OF APPLICANT: Mr/Mrs/Ms (Delete as applicable) INITIALS:**FIRST NAME:
ADDRESS****SURNAME:****POSTCODE****DAY TELEPHONE NO.****DATE OF BIRTH:****OCCUPATION:****NAME OF GOLF CLUB:****EMAIL ADDRESS:****NAME & DOB OF 2ND APPLICANT (IF APPLICABLE):****CLAIMS: HAVE YOU MADE ANY RELEVANT CLAIM IN THE LAST THREE YEARS? YES / NO
IF YES PLEASE PROVIDE BRIEF DETAILS**A copy of the full terms and conditions of both our Standard and Selective Cover are available on request and on our website at www.golfguard.com**ANNUAL PREMIUMS (INCLUDING INSURANCE PREMIUM TAX)**

STANDARD COVER (Age 18-89) All Sections	£600	£1200	£1800	£2400	£3000	Total Premium	
1st Applicant	£22	£27.50	£33	£38.50	£44		
2nd Applicant	£22	£27.50	£33	£38.50	£44		
JUNIOR COVER (Age 7-17) All Sections	£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 – ANNUAL PREMIUM £15.00 PER APPLICANT						£	
Providing: Personal Liability and Personal Accident Plus Hole in One Cover (Please note Selective Cover benefits are included in our Standard Cover)						TOTAL PAYABLE	£

PAYMENT DETAILS:

I confirm that I have read the full terms and conditions of the Golfguard golf insurance and I require cover as selected above. I confirm £ is to be taken from my Visa/Debit/Mastercard

CARD NO:**EXPIRY DATE:****ISSUE NO OR VALID FROM:****3 DIGIT SECURITY NO.****SIGNATURE OF APPLICANT:****PLEASE NOTE COVER WILL COMMENCE ON RECEIPT BY GOLFGUARD LTD OF THE PREMIUM AND A SATISFACTORY APPLICATION FORM OR AS FROM: / /2017**

(Please enter required start date if immediate cover is not required. Cover cannot be backdated.)

PLEASE PROVIDE BRIEF DETAILS OF YOUR GOLF EQUIPMENT (Make/model/price paid):