

## GOLF BUGGY INSURANCE

Golfguard Golf Buggy Insurance provides cover, as specified in the policy document, for property damage, injury or death if you have an accident while playing golf.

This policy is an annual contract and may be renewed each year subject to the terms and conditions then applicable. To arrange cover, simply select the sum insured in respect of your Golf Buggy which should reflect the replacement cost of your buggy.

- **Joint Ownership - Cover can now be included for a second owner by simply adding 50% to the annual premium selected**
- **More good news! Golfguard Members who arrange both our Golf Buggy Cover and our full Golf Insurance cover, will receive a 15% discount on the combined total annual premium payable. Please ring our office on 0800 581 801 for a quote.**

The following provides a brief summary of the policy benefits. Full details of the terms and conditions relating to the cover will be provided on request.

### SUMMARY OF BENEFITS

Section 1:	Liability;	Up to
	- Third Party Accidental Bodily Injury	£5,000,000
	- Damage to Third Party Property	£5,000,000
	- Accidental Damage to Third Party Property	£5,000
Section 2:	Personal Accident;	
	- In respect of Death / Loss of use of limb(s) or eye(s) or Permanent Total Disablement	£50,000
Section 3A	Loss or Damage to your Golf Buggy	The selected sum insured
Section 4:	Club Subscription	£1,500
Section 5:	Hospital Cover	£700
Section 6:	Dental Treatment Cover	£300
Section 7:	Loss of Golfing Trophies	£1,000
Section 8:	Personal Effects	£500
Section 9:	Tournament Entry Fees	£250
Section 10	Hole in One	£100

### KEY FACTS

- **Cover is available for amateur golfers aged up to 89 who are UK residents golfers**
- **A 50% discount is available for a second owner .**
- **A 15% discount is available to full Golfguard golf insurance Members**

### MAIN EXCLUSIONS

- **Insurers will not provide cover for use of a buggy on a road other than when using a recognised road crossing between holes on a golf course.**
- **A £100 excess will apply in respect of a claim involving damage to third party property**
- **A £35 excess will apply to each and every claim under Section 3A.**

## APPLICATION FORM

To apply for cover simply complete Sections A – D below and return with your payment to: Golfguard Ltd, PO Box 270, East Grinstead, RH19 3WP. On receipt of a satisfactory Application Form and payment of premium, we will confirm cover to you

SUM INSURED	PREMIUM	TICK BOX	SUM INSURED	PREMIUM	
£1,000	£40 <i>(inc £3.64 IPT)</i>	<input type="checkbox"/>	£3,000	£80 <i>(inc £7.27 IPT)</i>	<input type="checkbox"/>
£1,500	£50 <i>(inc £4.55 IPT)</i>	<input type="checkbox"/>	£3500	£90 <i>(inc £8.18 IPT)</i>	<input type="checkbox"/>
£2,000	£60 <i>(inc £5.45 IPT)</i>	<input type="checkbox"/>	Annual Premiums apply to 31.05/2017 and include Insurance Premium Tax (IPT) as stated		
£2,500	£70 <i>(inc £6.36 IPT)</i>	<input type="checkbox"/>			

**If the buggy is jointly owned you can include cover for the second owner by adding 50% to premium selected and completing the details requested below.\***

### A) PERSONAL DETAILS OF APPLICANT(S)

**NAME OF FIRST APPLICANT :** \_\_\_\_\_ **Mr/Mrs/Miss/Ms** **Initials:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSTCODE:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**TYPE OF DRIVING LICENCE AND PERIOD HELD:** \_\_\_\_\_

**\* NAME OF SECOND APPLICANT (ONLY APPLICABLE IF THE BUGGY IS JOINTLY OWNED)**

**FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**TYPE OF DRIVING LICENCE AND PERIOD HELD:** \_\_\_\_\_

### B) ABOUT YOUR BUGGY

**IS BUGGY TO BE KEPT AT HOME ADDRESS SHOWN ABOVE IN A LOCKED GARAGE? YES / IF NO, PLEASE PROVIDE DETAILS OF GOLF CLUB AND WHERE AT CLUB IT IS KEPT:**

**MAKE OF GOLF BUGGY:** \_\_\_\_\_ **MODEL / SERIAL NO:** \_\_\_\_\_

**VALUE / PURCHASE PRICE:** \_\_\_\_\_ **DATE PURCHASED:** \_\_\_\_\_

### C) PAYMENT DETAILS - TOTAL ANNUAL PREMIUM PAYABLE : £

**CHEQUES SHOULD BE MADE PAYABLE TO GOLFGUARD LTD.**

**TO PAY THE ANNUAL PREMIUM BY CREDIT/DEBIT CARD PLEASE PROVIDE:**

**CARD NO:** \_\_\_\_\_ **EXPIRY DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**3 DIGIT SECURITY NUMBER:** \_\_\_\_\_

**D) SIGNATURE OF APPLICANT(S)** \_\_\_\_\_

**DATE:** \_\_\_\_\_