

GOLFER'S INSURANCE PROPOSAL FORM

NAME : _____
 ADDRESS : _____
 DATE OF BIRTH : _____ OCCUPATION : _____
 NAME OF BENEFICIARY(IES): _____
 RELATIONSHIP (S) : _____
 DESCRIPTION OF GOLF SET : _____
 MAKE : _____
 BRAND/MODEL : _____ NO. OF CLUBS : _____

SCHEDULE OF COVERAGE

	I	II	III
I. Golf Clothing, Clubs & Equipment	P 50,000.00	P 75,000.00	P 100,000.00
II. Other Clothing	10,000.00	10,000.00	10,000.00
III. Third Party Legal Liability-per occurrence	200,000.00	250,000.00	300,000.00
IV. Personal Accident	200,000.00	200,000.00	200,000.00
Medical Reimbursement	20,000.00	20,000.00	20,000.00
V. Caddies Medical Expenses	2,000.00	5,000.00	10,000.00
VI. Hole-in-One Expenses	5,000.00	7,500.00	10,000.00
ANNUAL PREMIUM <inclusive of taxes>	P 1,000.00	P 1,500.00	P 2,000.00

This Proposal contains a general summary. Complete provisions are contained in the Policy.

I hereby propose to effect an insurance with this Company and all the statements in this application are true and complete to the best of my knowledge and belief. I understand and agree that no insurance will be effective until the Policy is issued and the premium fully paid.

Date

Signature of the Applicant