

## MAPFRE PRAICO INSURANCE COMPANY

P.O. Box 7033, San Juan, PR 00936-8333

### **HOLE-IN-ONE APPLICATION**

I. GENERAL INFORMATION
(A) Named Applicant: Print 1 LLC (company that will give the sponsorship of the hole in 1) (B) Address: 183 Km. 20, Las Piedras, PR 00771
I. TOURNAMENT GENERAL INFORMATION
(A) Tournament Name: Sears Tournament on April 7, 2017
(B) Golf Course Name: Coco Beach Golf Resort PR -
(C) Description of Tournament: Annual golf tournament
(D) Number of Insured Holes to be insured: 1
(E) Yardage of Prize Award: one shot per player // BLACK Tee
<ol> <li>HOLE 5- 215 YARDS – OPTION 1</li> <li>HOLE 8 - 210 YARDS – OPTION 2</li> </ol>
(F) Number of Participants:  a. Number of Men: 118 b. Number of Woman: 2
(G) Price Award: \$125,000 BMW Car
(H) Are any professional competing in the event? YES: □ NO: X

# MAPFRE

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#### III. SIGNATURE:

**WARRANTY:** The Applicant warrants to the Insurer that to the best of its knowledge and belief, after reasonable inquiry, the statements made in this application and any attachments or other documents submitted with this application are true and complete and no material facts have been suppressed or misstated. The Applicant agree that this application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Insurer will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a claim or potential claim.

If the information in this application and any attachment materially changes between the date this application is signed and the effective date of the Policy, the Applicant will promptly notify the Insurer who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The applicant hereby authorizes the Insurer to make any inquiry in connection with this application and the release of claim information from any prior insurer.

#### FRAUD WARNING

Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousands dollars (\$5,000) nor more than ten thousands dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years. Any person who, knowingly and with intent to defraud the insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information containing any fact material thereto, commits a fraudulent insurance act violation, which is a crime.

This proposal form duly completed, together with any supplementary information, MUST be signed in ink by an authorized representative of the person(s) or entity(ies) proposed for this insurance, to be considered for quotation. Signing this application DOES NOT BIND or obligate the applicant or the Insurer to complete the insurance.

<b>Date:</b> 2/9/17	Signed:	M-14-(	Title:	
Month/ date/Year				



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HOLE REC. HDCP	1	2	3	4	5	6	7	8	9	OUT
BLACK Tour Professional	416	172	342	495	215	565	440	210	579	3434
GOLD (M) 0-6	391	162	332	477	190	530	411	192	547	3232
BLUE (M) 7-18	355	157	315	452	160	492	400	185	527	3043
WHITE (M) 19+ (L) 0-7	333	144	279	425	125	465	386	172	504	2833
GREEN (L) 8+	312	80	226	395	105	519	360	103	460	2460
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D. D.		3		-	- 2	-		2	8	26
PAR	4	3	-4	5	3	- 5	4	3	5	36

	10	11	12	13	14	15	16	17	18	IN	TOT	HCP	NET
YER	365	402	500	216	385	210	593	435	354	3450	6884		
	337	380	482	200	360	193	562	562	339	3273	6505		
PLAYER	318	360	470	177	343	159	543	543	313	3075	6118		
	294	340	445	145	311	131	520	520	297	2854	5687		
	280	291	406	115	273	95	483	483	270	2554	5014		
		- LPCH	1990	DECEMBER 1			No.				min's		
	4	4	5			3	5			36	72		



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