

Zurich Individual Golfers Insurance

Personal Insurance Plan

Mr 🗌 Mrs 🗌 Miss 🗌	Ms Other	
Surname		First Name
Home Address		
Suburb		
State	Postcode	Email Address
Home Phone No.		Mobile Phone No.
Golf Buggy Yes	No Valu	ue \$
How many Golf equip value of the claims?	ment claims have y	ou made in the last 3 years and what was the total
Number of Claims	Valu	ue of Claims \$
		til your application has been accepted and your payment cy documents will be sent to your home address above.

Applicant's Signature		Date

Submit your proposal form to oneunderwriting@oneunderwriting.com.au