

RENEWAL CONFIRMATION FORM CLUB REF NO 110235

**THIS FORM TO BE COMPLETED BY THE CLUB AND RETURNED TO GOLFGUARD LTD
PRIOR TO THE RENEWAL DATE OF THE COVER
GOLFGUARD LTD, PO BOX 270, EAST GRINSTEAD, WEST SUSSEX, RH19 3WP**

I/We confirm from renewal date cover under the following Option(s) is required by our Club:

Option One - Members Personal Liability/Personal Accident Cover (as detailed in Cover Note)

(Please indicate the number of playing Members at the Club who require the insurance:- 314)

On renewal the annual premium will remain at £2.60 per Member including IPT payable within 15 days of the renewal date.

Cover to be arranged for all Members. Current Number of Members: 314

I/We confirm the above renewal requirements for our Club from renewal date. I/We confirm that the premium in respect of the cover we require for our Members, as indicated above, will be sent to Golfguard Ltd within 15 days of the renewal date together with a list of the names of the Members. I/We understand that if the premium is not received by Golfguard Ltd within 15 days of the renewal date, all cover provided for our Members will be cancelled from the renewal date. I/We understand that the policy documentation with the full terms and conditions of the option(s) selected will be sent to the Club on receipt of the relevant premium.

- **Please tick this box if you require an Invoice to facilitate payment**
- **We would like to set up a link for our Golf Club website in order to show the group cover**



NAME: ...Peter Harrington

SIGNED:  POSITION: ...Secretary DATE: ...25th July 2024

NAME OF GOLF CLUB: Richmond Park Golf Club (London)

CONTACT TEL NO....(H) 020 8998 9350 (M) 0797 126 3896

RENEWAL DATE: 01/08/2024 LIST OF NAMES ENCLOSED: YES

PLEASE PROVIDE YOUR EMAIL ADDRESS:

Peterdharrington74@gmail.com or

Secretary@richmondparkgolfclub.org.uk