



MMA, Kickboxing, Boxing, Wrestling & Toughman Application

Named Insured (Promoter) & Address:

Contact Phone #:

Email Address:

MMA Kickboxing Boxing Wrestling Toughman (Check all that apply)

Event Date:

Event Time:

Event Name:

Fight Location (Venue) &Address:

GENERAL LIABILITY

Spectator Liability Limit:

Security Provider for Event:

Seating Capacity:

Estimated Attendance:

Additional Insured's for General Liability (Name and Address):

- 1.
- 2.
- 3.

PARTICIPANT ACCIDENT MEDICAL PROGRAM

Pro Event:

Amateur Event:

Fight Total:

Comprehensive Benefit Option

Limited Benefit Option

Medical Coverage:

AD&D Coverage:

Deductible:

Payment Info:

Credit Card#

Security Code

Exp. Date

Cardholders Name

Billing Address:

**A payment/processing/application fee will be applied, however, the amount can't be determined until the application is reviewed and finalized.*

X _____

Name & Title

Date

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement may be guilty of insurance fraud. By placing your name in the policyholder signature box and submitting an application you are agreeing that this will serve as your electronic signature and also authorize the policy(s) premium to be charged to the credit card provided.