

# Boxing/Martial Arts Event Liability *Application Form*

[a] Name of Policyholder/Promoter \_\_\_\_\_

[b] Address of Policyholder/Promoter \_\_\_\_\_

[c] Is Policyholder  A Corporation  An Individual  A Partnership  Other

[d] Name of Event \_\_\_\_\_

[e] Location of Event \_\_\_\_\_

[f] Date & Time \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Estimated Attendance \_\_\_\_\_

[g] Liability Insurance Limits Requested  \$1,000,000.00 Per Occurrence / \$2,000,000.00 Aggregate  
 \$2,000,000.00 Per Occurrence / \$2,000,000.00 Aggregate  
 \$3,000,000.00 Per Occurrence / \$3,000,000.00 Aggregate

[h] Have any of the Policyholder's/Promoter's past boxing insurance policies been cancelled or non-renewed in the past? If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_

[i] Have any of the Policyholder's/Promoter's past boxing insurance policies had claims filed against them? If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_

[j] Is the Policyholder/Promoter responsible for any of the following

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Temporary Lighting | <input type="checkbox"/> Security    |
| <input type="checkbox"/> Temporary Stage    | <input type="checkbox"/> Liquor      |
| <input type="checkbox"/> Tent               | <input type="checkbox"/> Vendors     |
| <input type="checkbox"/> Ushers             | <input type="checkbox"/> Concessions |

[k] Security provider for the event \_\_\_\_\_

[l] Fire Protection Proximity to Fire/Medical Services \_\_\_\_\_

Is Facility Protected By Sprinkler System  Yes  No

Are Fire Extinguishers Located at Facility  Yes  No

[m] List any Additional Insureds and relation to the applicant \_\_\_\_\_

\_\_\_\_\_

***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.***

# Enrollment Form for Accident Medical Insurance Amateur & Professional Boxing & Wrestling Events

Underwritten by:



**Aegis Group**  
American Sentinel Insurance Company  
Aegis Security Insurance Company

[a] Name of Policyholder/Promoter \_\_\_\_\_

[b] Address \_\_\_\_\_

[c] Date of Event \_\_\_\_\_

[d] Type of Event  Boxing  Wrestling

[e] Plan of Benefits & Premium Rates (Check Plan Selected)

Plan Number	Maximum Medical Benefit	Accidental Death Benefit	Deductible	Premium
<input type="checkbox"/> 1	\$2,500.00	\$2,500.00	\$500.00	\$500.00
<input type="checkbox"/> 2	\$2,500.00	\$2,500.00	\$1,000.00	\$350.00
<input type="checkbox"/> 3	\$5,000.00	\$5,000.00	\$500.00	\$650.00
<input type="checkbox"/> 4	\$5,000.00	\$5,000.00	\$1,000.00	\$600.00
<input type="checkbox"/> 5	\$10,000.00	\$10,000.00	\$500.00	\$1,000.00
<input type="checkbox"/> 6	\$10,000.00	\$10,000.00	\$1,000.00	\$875.00
<input type="checkbox"/> 7	\$20,000.00	\$20,000.00	\$500.00	\$1,450.00
<input type="checkbox"/> 8	\$20,000.00	\$20,000.00	\$1,000.00	\$1,200.00
<input type="checkbox"/> 9	\$20,000.00	\$50,000.00	\$500.00	\$1,650.00
<input type="checkbox"/> 10	\$20,000.00	\$50,000.00	\$1,000.00	\$1,350.00
<input type="checkbox"/> 11	\$50,000.00	\$50,000.00	\$500.00	\$2,500.00
<input type="checkbox"/> 12	\$50,000.00	\$50,000.00	\$1,000.00	\$2,250.00

- All above premium rates are per event
- 10 bouts per event limit
- All events are limited to 1 day

[f] I understand and agree that if this enrollment form is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in statement C (above), whichever is later, subject to the payment of the required premium.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement is guilty of insurance fraud.

Policyholder \_\_\_\_\_

Title or Position \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent/Broker Name & Address \_\_\_\_\_

# Enrollment Form for Accident Medical Insurance Kickboxing/Mixed Martial Arts Wrestling Events

Underwritten by:



**Aegis Group**  
American Sentinel Insurance Company  
Aegis Security Insurance Company

[a] Name of Policyholder/Promoter \_\_\_\_\_

[b] Address \_\_\_\_\_

[c] Date of Event \_\_\_\_\_

[d] Type of Event  Kickboxing  Mixed Martial Arts

[e] Plan of Benefits & Premium Rates (Check Plan Selected)

Plan Number	Maximum Medical Benefit	Accidental Death Benefit	Deductible	Premium
<input type="checkbox"/> 1	\$2,500.00	\$2,500.00	\$500.00	\$770.00
<input type="checkbox"/> 2	\$2,500.00	\$2,500.00	\$1,000.00	\$700.00
<input type="checkbox"/> 3	\$5,000.00	\$5,000.00	\$500.00	\$910.00
<input type="checkbox"/> 4	\$5,000.00	\$5,000.00	\$1,000.00	\$840.00
<input type="checkbox"/> 5	\$10,000.00	\$10,000.00	\$500.00	\$1,400.00
<input type="checkbox"/> 6	\$10,000.00	\$10,000.00	\$1,000.00	\$1,190.00
<input type="checkbox"/> 7	\$20,000.00	\$20,000.00	\$500.00	\$2,750.00
<input type="checkbox"/> 8	\$20,000.00	\$20,000.00	\$1,000.00	\$2,400.00
<input type="checkbox"/> 9	\$20,000.00	\$50,000.00	\$500.00	\$3,000.00
<input type="checkbox"/> 10	\$20,000.00	\$50,000.00	\$1,000.00	\$2,650.00
<input type="checkbox"/> 11	\$50,000.00	\$50,000.00	\$500.00	\$4,250.00
<input type="checkbox"/> 12	\$50,000.00	\$50,000.00	\$1,000.00	\$4,000.00

- All above premium rates are per event
- **20 Participants per Event Limit — (Larger Events Must Be Submitted for a Quotation.)**
- All events are limited to 1 day

[f] I understand and agree that if this enrollment form is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in statement C (above), whichever is later, subject to the payment of the required premium.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement is guilty of insurance fraud.

Policyholder \_\_\_\_\_

Title or Position \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent/Broker Name & Address \_\_\_\_\_

# Enrollment Form for Accident Medical Insurance Toughman Events

Underwritten by:



**Aegis Group**  
American Sentinel Insurance Company  
Aegis Security Insurance Company

[a] Name of Policyholder/Promoter \_\_\_\_\_

[b] Address \_\_\_\_\_

[c] Date of Event \_\_\_\_\_

[d] Type of Event  Toughman

[e] Plan of Benefits & Premium Rates *(Check Plan Selected)*

<i>Plan Number</i>	<i>Maximum Medical Benefit</i>	<i>Accidental Death Benefit</i>	<i>Deductible</i>	<i>Premium</i>
<input type="checkbox"/> <b>1</b>	\$2,500.00	\$2,500.00	\$500.00	\$805.00
<input type="checkbox"/> <b>2</b>	\$5,000.00	\$5,000.00	\$500.00	\$1,125.00
<input type="checkbox"/> <b>3</b>	\$10,000.00	\$10,000.00	\$500.00	\$2,000.00
<input type="checkbox"/> <b>4</b>	\$20,000.00	\$50,000.00	\$500.00	\$2,500.00
<input type="checkbox"/> <b>5</b>	\$50,000.00	\$50,000.00	\$500.00	\$3,000.00

• All above premium rates are per 2-day event

[f] I understand and agree that if this enrollment form is accepted by the Company, coverage will begin on the date of acceptance or on the date requested in statement C (above), whichever is later, subject to the payment of the required premium.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement is guilty of insurance fraud.

Policyholder \_\_\_\_\_

Title or Position \_\_\_\_\_ Date Signed \_\_\_\_\_

Agent/Broker Name & Address \_\_\_\_\_