



Boxing / MMA Event Accident Application



Put cursor over box & double click to check

1. Policyholder name (as it should appear on the policy): _____
2. Contact Name: _____
3. Address (please included city, state, and zip): _____
4. Name of Event: _____
5. Location & Description (MMA, Boxing, Wrestling) of Event: _____
6. Date & Time: _____

	Benefit	Death Benefit	Deductible
<input type="checkbox"/>	\$2,500	\$2,500	\$500
<input type="checkbox"/>	\$2,500	\$2,500	\$1,000
<input type="checkbox"/>	\$5,000	\$5,000	\$500
<input type="checkbox"/>	\$5,000	\$5,000	\$1,000
<input type="checkbox"/>	\$5,000	\$50,000	\$1,000
<input type="checkbox"/>	\$10,000	\$10,000	\$500
<input type="checkbox"/>	\$10,000	\$10,000	\$1,000
<input type="checkbox"/>	\$20,000	\$20,000	\$500
<input type="checkbox"/>	\$20,000	\$20,000	\$1,000
<input type="checkbox"/>	\$20,000	\$50,000	\$500
<input type="checkbox"/>	\$20,000	\$50,000	\$1,000
<input type="checkbox"/>	\$50,000	\$50,000	\$500
<input type="checkbox"/>	\$50,000	\$50,000	\$1,000
<input type="checkbox"/>	(other) _____		

- a. How many bouts are being held? _____
- b. Amateur, Professional, or Both? _____
- c. If both, please indicate how many professional bouts will be held _____

All events are limited to 1 day

Any person knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by The Camp Team and its Carriers underwriters.

Applicant Signature: _____

Date: _____

Return application and any supplemental material to

The Camp Team

Phone 800-747-9573 / Fax 303-422-1276 / Email info@campteam.com