



# Boxing / MMA Event Application



## General Liability Section

Put cursor over box & double click to check

1. Policyholder name (as it should appear on the policy): \_\_\_\_\_

2. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Address of Applicant (including state & zip code): \_\_\_\_\_

4. Is Policyholder:  Corporation  Individual  A Partnership  Nonprofit  N/A

5. Name of Event: \_\_\_\_\_ Type of Event  Boxing  MMA  Wrestling

6. Location of Events: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Estimated Spectators: \_\_\_\_\_ Estimated Revenue \$ \_\_\_\_\_

7. Date of Event: \_\_\_\_\_

8. Insurance Limits Requested:
- \$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate
  - \$1,000,000.00 Per Occurrence / \$2,000,000.00 Aggregate
  - \$1,000,000.00 Per Occurrence / \$3,000,000.00 Aggregate
  - \$1,000,000.00 Per Occurrence / \$4,000,000.00 Aggregate
  - \$1,000,000.00 Per Occurrence / \$5,000,000.00 Aggregate

9. Have any of the applicants past insurance policies been cancelled or non-renewed in the past? If yes, please give details.

\_\_\_\_\_

10. Have any of the applicants past insurance policies had claims filed against them? If yes, please give details.

\_\_\_\_\_

11. Is the applicant responsible for any of the following?

Temporary Lighting  Security  Temporary Stage  Tent  Vendors  Ushers  Concessions

Estimated Liquor Sales (If applicable) \$ \_\_\_\_\_

12. Security provider for the event: \_\_\_\_\_

13. Fire Protection Proximity to Fire/Medical Services: \_\_\_\_\_

Is Facility Protected By Sprinkler System  Yes  No Are Fire Extinguishers Located at Facility  Yes  No

14. List any Additional Insured and relation to the applicant \*Up to 3 **standard** additional insured's are included at no additional cost. \$10.00 fee for any additional insured after 3\*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

See page 2 for fighter accident coverage.

## Fighter Accident Section

Put cursor over box & double click to check

		<b>Benefit</b>	<b>Death Benefit</b>	<b>Deductible</b>
15.	<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 \_\_\_\_\_

**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](mailto:info@campteam.com)**