



Salt Lake City Area Office
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

ADDING AN MMA EVENT

Policy #: \_\_\_\_\_ Date: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_

Contact Person for this Event: \_\_\_\_\_

Email: \_\_\_\_\_

GENERAL INFORMATION

Important: Please include any information that you feel will help the Underwriter understand this event and exactly what is being done to insure the safety of everyone involved.

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Type of Event (i.e., MMA, kickboxing, wrestling, etc.): \_\_\_\_\_

Amateur or Pro? Indoor or Outdoor? Cage or Ring?

Number of Scheduled Events: \_\_\_\_\_

Number of Scheduled Bouts: \_\_\_\_\_

Scheduled Dates of Event: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Location or Venue Name: \_\_\_\_\_

Type of Venue (i.e., stadium, civic center, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Is event sanctioned by state athletic commission? Yes No

Will alcohol be served at this event? Yes No

ADDITIONAL INSUREDS

We will provide up to three Additional Insured's for free; fee applies to all others. Certificate Holders are free.

1. Certificate Holder or Additional Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Landowner Sponsor Other: \_\_\_\_\_

2. Certificate Holder or Additional Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Landowner Sponsor Other: \_\_\_\_\_

3. Certificate Holder or Additional Insured Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Landowner  Sponsor  Other: \_\_\_\_\_

**SPECTATORS**

Capacity of Spectators per Performance or Event: \_\_\_\_\_  
Estimated # of Spectators per Event:  
\_\_\_\_\_ General \_\_\_\_\_ Reserved Other (describe): \_\_\_\_\_  
Price of Admission:  
\_\_\_\_\_ General \_\_\_\_\_ Reserved Other (describe): \_\_\_\_\_  
Estimated Gross Attendance (all events or dates): \_\_\_\_\_

**PARTICIPANTS AND VOLUNTEERS**

- 1. Are all participants and volunteers required to complete a "Release of Liability" form?  Yes  No  
If yes, please attach a copy of all forms used.
- 2. Do you want a quote for participant excess medical?  Yes  No
- 3. Are participants required to carry their own primary insurance?  Yes  No

\*NOTE: In order for participants to be covered, we must have a list of all those participating in the event. Please attach a schedule of participants to this form.

**LIMITS OF LIABILITY**

- 1. What are your state med pay requirements? \_\_\_\_\_
- 2. Please list the limits of liability that this event will require:  
Per Person: \_\_\_\_\_ Per Accident: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Note: All coverage contract representations, limits of liability, deductibles, etc. will be the same as is specified in the original contract unless otherwise requested, in writing, and approved by the Underwriting office.