EVOLUTION INSURANCE BROKERS

8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

INDIVIDUAL CONTACT SPORT COVERAGE

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Please list all disciplines in which you are trained: _____

_____

_____

Detailed description of business activities (specifically, and by location): _____

_____

_____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	$	$	$

Has the Applicant ever had a combat sport-related health insurance claim? **o** Yes **o** No
If yes, please provide information on injuries sustained and cost of medical bills.

Has the Applicant ever been held liable for a combat sport-related claim? **o** Yes **o** No
If yes, please provide information about the claim and amount paid out.

Has the Applicant or any predecessor or related person or entity ever had a claim? **o** Yes **o** No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? **o** Yes **o** No

If yes, please explain: _____

_____

_____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

o Yes **o** No

If the standard markets are declining placement, please explain why: _____

_____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	$	$	$

D. Desired Insurance

Per Accident / Aggregate

o	$25,000/$25,000
o	$25,000/$50,000
o	$50,000/$50,000
o	$50,000/$100,000
o	Other: _____

Self-Insured Retention (SIR): o $500 (Minimum) **o** $1,000 **o** $1,500 **o** $2,000

E. General Personal Coverage

1. How many years have you trained in combat sports? _____
2. When sparring, are you using appropriate protective gear? **o** Yes **o** No
3. Have you ever been convicted of a crime (domestic abuse, assault, battery, etc.)? **o** Yes **o** No
   If yes, please attach a copy of your criminal record and a summary of events. Note: This will not prevent us from providing coverage.
4. In what types of venues do you fight? (bars, arenas, etc.) _____
   _____
   _____
5. Are all fights regulated by your state or local athletic commission? **o** Yes **o** No

F. Optional Event Excess Medical Coverage

1. Is the event sanctioned by the state or your local athletic commission? **o** Yes **o** No
2. How many rounds per bout? _____ How many bouts will you be competing in? _____
3. What type(s) of event will you be competing in? **o** Boxing **o** Kickboxing **o** MMA (Mixed Martial Arts) **o** Grappling **o** Other: _____
4. Please attach a copy of your medical physical report from your physician.
5. Desired Coverage: **o** $500 **o** $1000 **o** $2000 **o** $5000 **o** Other: _____
   SIR: **o** $250 **o** $500 **o** $1000

REPRESENTATIONS AND WARRANTIES

The “Applicant” is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant’s request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide

any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.

2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.

3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.

4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____	Dated: _____
Applicant:	Agent/Broker:
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name