



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 801-304-5551

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.