

Application for Traditional Karate Tournament

Named Insured/School: (name of school or promoter)

Named Insured/School Address: (address)

Phone Number: (phone)

Contact: (contact)

Date of Tournament: (tournament date)

Number of Participants:

200 or less - $450 premium

201 to 300 - $500 premium

301 to 400 - $550 premium

401 to 500 - $600 premium

More, ask Tom

Number of Spectators: (# of Spectators)

Premium: $\*\*\*.00

Coverage: General Liability $1,000,000 per occurrence/$2,000,000 aggregate and a $100,000 excess accident medical policy with a $250 deductible.

Additional Insured:

Name and address of all additional insureds here.

**Please charge the premium to this card:** (Card #, Exp Date & CVS)

**Please draft premium using this bank information:** (Bank name, zip code and routing number and insured’s checking account number)