

Enrollment Form for Liability Insurance

SELECT ONE: Mixed Martial Arts Kickboxing Boxing Wrestling

Part I Proposed Policyholder *Please print or type*

a. Full Legal Name of Proposed Policyholder (as it will appear on the policy documents)

b. Mailing Address _____
Street City State Zip

c. Contact Person _____

Phone Number _____ E-mail Address _____

d. Name of Event _____

Location of Event _____

Date & Time _____ Estimated Attendance _____

e. Have any of the Policyholder's/Promoter's liability policies been cancelled or non-renewed in the past? If yes, please give details.

f. Have any of the Policyholder's/Promoter's past liability policies had claims filed against them? If yes, please give details.

g. Is the Policyholder/Promoter responsible for any of the following:

- Temporary Lighting Tent Security Vendors
 Temporary Stage Ushers Liquor Concessions

Security provider for the event _____

Fire Protection Proximity to Fire/Medical Services _____

Is Facility Protected By Sprinkler System? Yes No

Are Fire Extinguishers Located at Facility? Yes No

Part II Premium Rates And Benefits (minimum premiums are fully earned)

Rates are limited to events with 2,000 or less attendance. Quotations available for larger events. Please contact our office.
Liability Insurance Limits Requested:

Plan 1 \$1,000,000.00 Per Occurrence/\$1,000,000.00 General Aggregate \$475.00

Plan 2 \$1,000,000.00 Per Occurrence/\$2,000,000.00 General Aggregate \$498.75

Plan 3 \$1,000,000.00 Per Occurrence/\$3,000,000.00 General Aggregate \$523.70

Plan 4 \$1,000,000.00 Per Occurrence/\$4,000,000.00 General Aggregate \$549.85

Plan 5 \$1,000,000.00 Per Occurrence/\$5,000,000.00 General Aggregate \$577.35

Part II Total Premium = \$ _____

Part III Optional Coverages (minimum premiums are fully earned)

Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00. = \$ _____

- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00. = \$ _____
 • Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Optional \$5,000.00 Medical Expense Benefit 2% of Part II Total premium _____ x .02 = \$ _____
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Liquor Liability coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Total Premium = \$ _____

Part IV Additional Insureds

Up to 3 additional insureds are included at no additional cost. Please include a separate sheet for more additional insureds if needed. Name, Address and Relationship of all additional insureds to be added to the policy:

Legal Name, Full Name, E-mail	Full Mailing address (including city, state and zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, O - Other (write down details)

Total Number of Additional Insureds (after initial three) _____ x \$10.00 = \$ _____
 Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____
 Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part IV Total Premium = \$ _____

Total Policy Premium = \$ _____

Part V Payment

(If you purchase both accident and liability coverage, you only need to complete payment information once)

Choose one of the following options. Please initial your choice:

- Enclosed is my check for the total premium.
- Please charge my: Visa MasterCard Discover American Express

For Premiums less than \$1,000.00, a \$10.00 convenience fee will be added.
 For Premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added.

Name on Card _____

Cardholder Billing Address _____

Card # _____ Exp. Date (mm/yy) _____

Security Code _____

Part VI Acknowledgements and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime.
- c. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent E-mail Address

Agency Mailing Address



Don Baldwin
 Grizzly Insurance Agency, LLC
 PO Box 1927 • Castle Rock, CO 80104
 970-390-7860 • Fax 303-484-4431
 www.karateinsurance.com • don@karateinsurance.com

Part III Payment

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Choose one of the following options. Please initial your choice:

- Enclosed is my check for the total premium.
 Please charge my: Visa MasterCard Discover American Express

For Premiums less than \$1,000.00, a \$10.00 convenience fee will be added.

For Premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added.

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Cardholder Billing Address _____

Card # _____ Exp. Date (mm/yy) _____

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Part IV Acknowledgements and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime.
- c. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent E-mail Address

Agency Mailing Address



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Premium Rates and Benefits — *Amateur*

(Events must be 100% Amateur)

Plan#	Medical Benefit	Death Benefit	Deductible	Limited Coverage Premium
A01	\$2,500.00	\$2,500.00	\$500.00	\$500.00
A02	\$2,500.00	\$2,500.00	\$1,000.00	\$480.00
A03	\$2,500.00	\$2,500.00	\$1,500.00	\$450.00
A04	\$2,500.00	\$2,500.00	\$2,000.00	\$410.00
A05	\$5,000.00	\$5,000.00	\$500.00	\$580.00
A06	\$5,000.00	\$5,000.00	\$1,000.00	\$560.00
A07	\$5,000.00	\$5,000.00	\$1,500.00	\$530.00
A08	\$7,500.00	\$7,500.00	\$500.00	\$700.00
A09	\$7,500.00	\$7,500.00	\$1,000.00	\$670.00
A10	\$7,500.00	\$7,500.00	\$1,500.00	\$630.00
A11	\$7,500.00	\$7,500.00	\$2,000.00	\$580.00
A12	\$5,000.00	\$50,000.00	\$250.00	\$1,170.00
A13	\$5,000.00	\$50,000.00	\$500.00	\$1,080.00
A14	\$5,000.00	\$50,000.00	\$1,000.00	\$1,050.00
A15	\$10,000.00	\$10,000.00	\$500.00	\$820.00
A16	\$10,000.00	\$10,000.00	\$1,000.00	\$780.00
A17	\$10,000.00	\$10,000.00	\$1,500.00	\$730.00
A18	\$20,000.00	\$20,000.00	\$500.00	\$1,200.00
A19	\$20,000.00	\$20,000.00	\$1,000.00	\$1,140.00
A20	\$20,000.00	\$20,000.00	\$1,500.00	\$1,080.00
A21	\$20,000.00	\$20,000.00	\$2,000.00	\$980.00
A22	\$20,000.00	\$20,000.00	\$2,500.00	\$920.00
A23	\$20,000.00	\$20,000.00	\$5,000.00	\$780.00
A24	\$20,000.00	\$50,000.00	\$500.00	\$1,330.00
A25	\$20,000.00	\$50,000.00	\$1,000.00	\$1,270.00
A26	\$20,000.00	\$50,000.00	\$1,500.00	\$1,200.00
A27	\$20,000.00	\$50,000.00	\$2,000.00	\$1,080.00
A28	\$20,000.00	\$50,000.00	\$2,500.00	\$1,030.00
A29	\$20,000.00	\$50,000.00	\$5,000.00	\$880.00

Plan#	Medical Benefit	Death Benefit	Deductible	Limited Coverage Premium
A30	\$25,000.00	\$20,000.00	\$500.00	\$1,250.00
A31	\$25,000.00	\$20,000.00	\$1,000.00	\$1,190.00
A32	\$25,000.00	\$20,000.00	\$1,500.00	\$1,130.00
A33	\$25,000.00	\$20,000.00	\$2,000.00	\$1,080.00
A34	\$25,000.00	\$20,000.00	\$2,500.00	\$1,020.00
A35	\$25,000.00	\$20,000.00	\$5,000.00	\$830.00
A36	\$25,000.00	\$25,000.00	\$500.00	\$1,280.00
A37	\$25,000.00	\$25,000.00	\$1,000.00	\$1,220.00
A38	\$25,000.00	\$25,000.00	\$1,500.00	\$1,160.00
A39	\$25,000.00	\$25,000.00	\$2,000.00	\$1,040.00
A40	\$25,000.00	\$25,000.00	\$2,500.00	\$990.00
A41	\$25,000.00	\$25,000.00	\$5,000.00	\$840.00
A42	\$50,000.00	\$50,000.00	\$500.00	\$2,400.00
A43	\$50,000.00	\$50,000.00	\$1,000.00	\$2,280.00
A44	\$50,000.00	\$50,000.00	\$1,500.00	\$2,170.00
A45	\$50,000.00	\$50,000.00	\$2,000.00	\$1,950.00
A46	\$50,000.00	\$50,000.00	\$2,500.00	\$1,850.00
A47	\$50,000.00	\$50,000.00	\$5,000.00	\$1,580.00
A48	\$50,000.00	\$100,000.00	\$500.00	\$5,170.00
A49	\$50,000.00	\$100,000.00	\$1,000.00	\$4,910.00
A50	\$50,000.00	\$100,000.00	\$1,500.00	\$4,660.00
A51	\$50,000.00	\$100,000.00	\$2,000.00	\$4,200.00
A52	\$50,000.00	\$100,000.00	\$2,500.00	\$3,990.00
A53	\$50,000.00	\$100,000.00	\$5,000.00	\$3,390.00
A54	\$100,000.00	\$100,000.00	\$500.00	\$5,830.00
A55	\$100,000.00	\$100,000.00	\$1,000.00	\$5,540.00
A56	\$100,000.00	\$100,000.00	\$1,500.00	\$5,270.00
A57	\$100,000.00	\$100,000.00	\$2,000.00	\$4,740.00
A58	\$100,000.00	\$100,000.00	\$2,500.00	\$4,500.00
A59	\$100,000.00	\$100,000.00	\$5,000.00	\$3,830.00

NOTE: In the State of Nevada, coverage is issued on a primary basis.

The premiums listed above are for policies with limitations for hospital, emergency room, outpatient diagnostic and physiotherapy benefits per the Participant Accident Insurance Coverage description.

You can choose to purchase comprehensive coverage without these limitations for additional premium. Please see the application for premium calculations.

Premium Rates and Benefits — *Professional*

(Professional or Combined)

Plan#	Medical Benefit	Death Benefit	Deductible	Limited Coverage Premium
P01	\$2,500.00	\$2,500.00	\$500.00	\$640.00
P02	\$2,500.00	\$2,500.00	\$1,000.00	\$610.00
P03	\$2,500.00	\$2,500.00	\$1,500.00	\$580.00
P04	\$2,500.00	\$2,500.00	\$2,000.00	\$530.00
P05	\$5,000.00	\$5,000.00	\$500.00	\$760.00
P06	\$5,000.00	\$5,000.00	\$1,000.00	\$720.00
P07	\$5,000.00	\$5,000.00	\$1,500.00	\$680.00
P08	\$7,500.00	\$7,500.00	\$500.00	\$830.00
P09	\$7,500.00	\$7,500.00	\$1,000.00	\$780.00
P10	\$7,500.00	\$7,500.00	\$1,500.00	\$750.00
P11	\$7,500.00	\$7,500.00	\$2,000.00	\$420.00
P12	\$5,000.00	\$50,000.00	\$250.00	\$1,430.00
P13	\$5,000.00	\$50,000.00	\$500.00	\$1,350.00
P14	\$5,000.00	\$50,000.00	\$1,000.00	\$1,280.00
P15	\$10,000.00	\$10,000.00	\$500.00	\$1,170.00
P16	\$10,000.00	\$10,000.00	\$1,000.00	\$1,110.00
P17	\$10,000.00	\$10,000.00	\$1,500.00	\$1,050.00
P18	\$20,000.00	\$20,000.00	\$500.00	\$2,080.00
P19	\$20,000.00	\$20,000.00	\$1,000.00	\$1,970.00
P20	\$20,000.00	\$20,000.00	\$1,500.00	\$1,870.00
P21	\$20,000.00	\$20,000.00	\$2,000.00	\$1,680.00
P22	\$20,000.00	\$20,000.00	\$2,500.00	\$1,600.00
P23	\$20,000.00	\$20,000.00	\$5,000.00	\$1,360.00
P24	\$20,000.00	\$50,000.00	\$500.00	\$2,270.00
P25	\$20,000.00	\$50,000.00	\$1,000.00	\$2,150.00
P26	\$20,000.00	\$50,000.00	\$1,500.00	\$2,050.00
P27	\$20,000.00	\$50,000.00	\$2,000.00	\$1,950.00
P28	\$20,000.00	\$50,000.00	\$2,500.00	\$1,850.00
P29	\$20,000.00	\$50,000.00	\$5,000.00	\$1,580.00

Plan#	Medical Benefit	Death Benefit	Deductible	Limited Coverage Premium
P30	\$25,000.00	\$20,000.00	\$500.00	\$2,870.00
P31	\$25,000.00	\$20,000.00	\$1,000.00	\$2,730.00
P32	\$25,000.00	\$20,000.00	\$1,500.00	\$2,590.00
P33	\$25,000.00	\$20,000.00	\$2,000.00	\$2,460.00
P34	\$25,000.00	\$20,000.00	\$2,500.00	\$2,220.00
P35	\$25,000.00	\$20,000.00	\$5,000.00	\$1,880.00
P36	\$25,000.00	\$25,000.00	\$500.00	\$3,020.00
P37	\$25,000.00	\$25,000.00	\$1,000.00	\$2,870.00
P38	\$25,000.00	\$25,000.00	\$1,500.00	\$2,730.00
P39	\$25,000.00	\$25,000.00	\$2,000.00	\$2,450.00
P40	\$25,000.00	\$25,000.00	\$2,500.00	\$2,330.00
P41	\$25,000.00	\$25,000.00	\$5,000.00	\$1,980.00
P42	\$50,000.00	\$50,000.00	\$500.00	\$5,170.00
P43	\$50,000.00	\$50,000.00	\$1,000.00	\$4,910.00
P44	\$50,000.00	\$50,000.00	\$1,500.00	\$4,660.00
P45	\$50,000.00	\$50,000.00	\$2,000.00	\$4,190.00
P46	\$50,000.00	\$50,000.00	\$2,500.00	\$3,980.00
P47	\$50,000.00	\$50,000.00	\$5,000.00	\$3,170.00
P48	\$50,000.00	\$100,000.00	\$500.00	\$5,330.00
P49	\$50,000.00	\$100,000.00	\$1,000.00	\$5,070.00
P50	\$50,000.00	\$100,000.00	\$1,500.00	\$4,810.00
P51	\$50,000.00	\$100,000.00	\$2,000.00	\$4,330.00
P52	\$50,000.00	\$100,000.00	\$2,500.00	\$4,130.00
P53	\$50,000.00	\$100,000.00	\$5,000.00	\$3,500.00
P54	\$100,000.00	\$100,000.00	\$500.00	\$6,420.00
P55	\$100,000.00	\$100,000.00	\$1,000.00	\$7,000.00
P56	\$100,000.00	\$100,000.00	\$1,500.00	\$6,650.00
P57	\$100,000.00	\$100,000.00	\$2,000.00	\$5,960.00
P58	\$100,000.00	\$100,000.00	\$2,500.00	\$5,680.00
P59	\$100,000.00	\$100,000.00	\$5,000.00	\$4,830.00

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