

Specialty Insurance Coverage
Mixed Martial Arts • Kickboxing • Boxing • Wrestling
For Professional and Amateur Events



Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Specialty Insurance Coverage

Mixed Martial Arts • Kickboxing • Boxing • Wrestling

This specialty insurance program offers three unique insurance coverages for promoters and event planners.

- **Accident Medical Insurance for the participants** to satisfy state athletic commission requirements.
- **General Liability Coverage** to protect the venue and the promoter.
- **Equipment Coverage** to provide coverage for equipment and contents.

Any of the insurance products may be purchased, but the combination of all three truly limits one's exposure to injuries and/or property damage.

Participant Accident Insurance Coverage

Underwritten by United States Fire Insurance Co.

Who Is Covered

All participants are covered while participating in Policyholder sponsored and supervised mixed martial arts, kickboxing, boxing or wrestling events. A participant is also covered while traveling, directly and without interruption, to and from any Policyholder sponsored activity and his or her home or place of residence.

Maximum Medical Expense Benefit

If the Covered Person incurs eligible expenses as the result of a covered injury, the Company will pay the charges incurred for such expense within 1 year, beginning on the date of accident. Payment will be made for eligible expenses in excess of any other applicable insurance, not to exceed the Maximum Medical Expense Benefit. The first such expense must be incurred within 90 days after the date of the accident.

"Eligible Expenses" means charges for the necessary medical treatment and service, not to exceed the Maximum Medical Expense Benefit as indicated on the following pages.

- Hospital Room and Board & Ancillary Hospital expenses limited to \$500 per day up to a maximum of 5 days.
- Medical Emergency Care (room and supplies) expenses including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies, limited to \$1,000 maximum per accident.
- Outpatient diagnostic x-rays, laboratory procedures and test expenses including diagnostic imaging expenses, including magnetic resonance imaging (MRI) and CAT scans, limited to \$500 per accident.
- Physiotherapy (physical medicine) expense, limited to \$50 per visit up to a maximum of 5 visits per accident.

Excess Coverage: This plan does not cover treatment or service for which benefits are payable or service is available under any other insurance or medical service plan available to the Insured Person.

Accidental Death & Dismemberment

If a covered injury results in any of the losses specified below within one year after the date of the accident, the company will pay the applicable amount.

- Full Principal Sum for loss of life
- Full Principal Sum for double dismemberment
- Full Principal Sum for loss of sight of both eyes
- 50% of the Principal Sum for loss of one hand, one foot, or sight of one eye
- 25% of the Principal Sum for loss of index finger and thumb of same hand "Member" means hand, foot, or eye. Loss of hand or foot means complete severance above the wrist or ankle joint. Loss of eye means the total, permanent loss of sight. If the Principal Sum is payable, no indemnity will be paid for dismemberment. In any event, the Double Dismemberment Indemnity is the maximum amount payable under this Benefit for all losses resulting from one accident.

Exclusions and Limitations

This plan does not cover any loss to or resulting from:

- intentional self-inflicted injury, suicide while sane or insane or any attempt thereat (in Missouri this applies only while sane);
- voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of the Insured

Person's Physician;

- participation in a riot or insurrection;
- an act of declared or undeclared war;
- active duty service in any Armed Forces of any country, and, in such event, the pro-rata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days;
- parachuting, except for self preservation;
- bungee jumping, flight in an ultralight aircraft, hang gliding;
- sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning;
- services or treatment rendered by a Physician, Nurse, or any other person who is:
 - employed or retained by the Policyholder; or
 - is the Insured Person or an Immediate Family Member;
- flight in an aircraft, except as a fare-paying passenger;
- dental treatment, except as otherwise provided, and only when Injury occurs to sound natural teeth;
- any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law;
- treatment in any Veteran Administration or Federal Hospital, except if there is a legal obligation to pay;
- cosmetic surgery, except for reconstructive surgery due to a covered injury;
- charges the Insured Person would not have to pay if he did not have insurance;
- eyeglasses, contact lenses, hearing aids;
- charges that are in excess of Usual, Customary, and Reasonable charges.

General Liability Insurance Coverage

Underwritten by United States Fire Insurance Co.

Who Is Covered

This program provides protection for the promoters, employees, staff, and volunteers against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims. There is no deductible amount for this coverage.

Coverage Includes Suits Arising Out Of:

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Host liquor liability (non-profit)
- All activities necessary to conduct events
- Ownership, use, or maintenance of arena or event areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless

Exclusions

Abuse or molestation, aircraft, all acts of terrorism, asbestos liability, claims made by athletic participants, employment related practices, fungi and bacteria, hepatitis, HIV, HTLV, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy. This brochure is a summary of the insurance plan as specified in the Policy that is on file with your organization. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. In the event of a discrepancy, the Policy will prevail.

- 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



Francis L. Dean & Associates, LLC
 Processing Center: 12800 University Drive, Suite 125
 Fort Myers, FL 33907
 (800) 745-2409 • FAX (630) 665-7294 • info@fdean.com
 www.fdean.com

United States Fire Insurance Company,
 "A" rated by A.M. Best Company.
 A member of the Crum & Forster group of companies.

Specialty Insurance Coverage

Mixed Martial Arts • Kickboxing • Boxing • Wrestling

Enrollment Form for Accident Medical Insurance for Mixed Martial Arts, Kickboxing, Boxing or Wrestling Events

Select One: Amateur Professional Combined Amateur and Professional
Type Of Event: 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 _____

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

See Chart for Plan of Benefits & Premium Rates for Amateur and Professional Events.

- All premium rates are per event
- 12 bouts per event limit (quotations available for larger events)
- All events are limited to 1 day
- If the event is a combination of amateur and professional, the professional rates must be used.

a. Plan Selected (write in plan number) _____

b. Choose One Of The Following

With the Following Limitations

- Hospital Room and Board & Ancillary Hospital expenses limited to \$500 per day up to a maximum of 5 days.
- Medical Emergency Care (room and supplies) expenses including the attending Physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies, limited to \$1,000 maximum per accident.
- Outpatient diagnostic x-rays, laboratory procedures and test expenses including diagnostic imaging expenses, including magnetic resonance imaging (MRI) and CAT scans, limited to \$500 per accident.
- Physiotherapy (physical medicine) expense, limited to \$50 per visit up to a maximum of 5 visits per accident.

Premium from chart _____

Remove the Above Limitations (20% premium increase)

Premium from chart x 1.2 = _____

Premium is fully earned at inception of the policy.

Total Policy Premium = \$ _____

Part III 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 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



Francis L. Dean & Associates, LLC
Processing Center: 12800 University Drive, Suite 125
Fort Myers, FL 33907
(800) 745-2409 • FAX (630) 665-7294 • info@fdean.com
www.fdean.com

United States Fire Insurance Company,
"A" rated by A.M. Best Company.
A member of the Crum & Forster group of companies.

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

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.