

Westpoint Insurance Group

General Liability Insurance

Protects you in the event of a lawsuit or property damage.

Who Is Covered

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

Coverage Includes Suits Arising Out Of:

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

Coverage Available For:

- Various liability coverage limits from \$1,000,000.00 to \$3,000,000.00

Exclusions

Claims made by athletic participants, fraudulent or dishonest acts, asbestos liability, assault & battery, punitive or exemplary damages, sexual abuse & molestation, employment related practices, professional liability, total pollution, collapse of temporary structure, fireworks and pyrotechnics, nuclear energy liability, use of saunas, sale/manufacturing/distribution of any athletic equipment 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.

Note: There is no liability coverage for claims arising out of any of the following activities: Gymnastics, Cheerleader Pyramiding, Trampolines or Inflatable Devices, Waterslides, White Water Rafting, Scuba Diving, Bunjee Jumping, Rock Climbing, Repelling, Ballooning, Parachuting, Rodeo or any other Saddle Animal Exposure.

Program Highlights

- Occurrence Form Policy
- "A" Rated Insuring Company
- No Charge For Additional Insureds
- Low Minimum Premiums For Small Events
- Easy To Complete, One Page Application

Liability Premium Rates

\$1,000,000 Per Occurrence
\$2,000,000 General Aggregate

2000 or less spectators
\$450.00 Total Premium

2001 or more spectators
Submit application for quotation

** Liability coverage cannot be purchased on a "stand-alone" basis. An Accident Medical Insurance policy must be in place before the Liability Policy can be issued.*

This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please view a sample policy.

Release and Waiver Requirement

Release and Waiver Requirement Each Policyholder must keep on file a current completed and signed Release and Waiver of Liability/Informed Consent for each athletic participant prior to the participation in any Policyholder activity. Policyholders are responsible for distributing forms to their athletic participants and maintaining completed forms for simultaneous delivery at the time of notice of an athletic participant's injury claim. Provided you have implemented such procedures and you are unable to secure and provide such "release" despite your best efforts, you must assume and pay the first \$2,500 of each occurrence (including supplemental payments) resulting in an "athletic participant" legal liability claims. "Athletic participant" means players, coaches, managers, staff members, team workers, volunteers, game officials and cheerleaders who have been granted proper authorization to enter any "sponsored events."

Boxing, Kickboxing, Mixed Martial Arts, Wrestling & Toughman Competitions

Accident Medical and General Liability Insurance



Representative:

Westpoint Insurance Group

P.O. Box 1495
Bridgeview, IL 60455
(800) 318-7709

Fax: (708) 636-3915

E-mail: sales@westpointinsurance.com
www.westpointinsurance.com

The Accident Medical Plan

Pays the medical bills of an injured participant or staff member.

Who Is Covered

All participants are covered while participating in Policyholder sponsored and supervised boxing, kickboxing 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 60 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.

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, on 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:

- Intentionally 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 prorata 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(n) 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 which the Insured Person would not have to pay if He did not have insurance
- Eyeglasses, contact lenses, hearing aids
- Charges which are in excess of Usual, Customary and Reasonable charges

Extended Claim Service

The first and foremost reason a Policyholder purchases insurance is in the event a claim, that claim is processed in a swift and professional manner. With this understanding, all claims are processed through The Loomis Company of Wyoming, Pennsylvania. Claim forms are supplied in any quantity at no additional charge. All claim forms have filing instructions and a toll free (800) number for claim inquiries or filing help. Copies of all EOB's (explanation of benefits) and denial letters will be sent to the appropriate Policyholder official or agent. Monthly claim detail reports for each Policyholder will also be mailed. Policyholder officials and agents will also be provided with an internet address to which they may access using any internet browser such as AOL, Internet Explorer or Netscape. At this website they will be able to use a policy specific logon user name and password to view claim information. Information includes name of claimants received, provider information and outstanding amounts, paid amounts and any information requests such as a need for a completed claim form or an itemized medical bill from a provider.

Average claim turnaround time is approximately five to ten days. No pre-certification will be necessary for claimants that must undergo surgery or other similar treatments. If a claimant or physician needs to verify benefits before treatment, that claimant or physician can contact the claims office, the appropriate agent or the plan underwriter. The claims office is a participating member of multiple preferred provider networks including 10 national networks, 85 individual PPO's, 3,000 hospitals and 500,000 physicians. A claimant is not required to seek treatment from physicians or hospitals that also participate with one of these organizations. A claimant is encouraged to seek treatment at the most convenient location of his or her choice. However, when a claimant visits a physician who is a participating member, it results in a 10% - 30% reduction of the medical bills. Most hospitals and major physician offices are members of one of these preferred provider organizations. When filing a claim there are no special requirements or procedures, everything is processed by the claims personnel.

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Westpoint Insurance Group

Toughman Events Accident Medical Insurance Enrollment Form

1. This is an interactive form and can be completed online.
2. If paying by check or money order, make payable to Westpoint Insurance Group.
3. Completed applications paid by check or money order should be mailed to: **Westpoint Insurance Group
P.O. Box 1495
Bridgeview, IL 60455**
4. Completed applications paid by credit card can be saved & attached to an e-mail to sales@westpointinsurance.com or faxed to (708) 636-3915
5. Call Westpoint at (800) 318-7709 if you prefer to pay by phone.

Name of Policyholder/Promoter

Address of Policyholder/Promoter

City State Zip

Is Policyholder a:

- Corporation Individual Partnership Other

Name of Event Date of Event

Type of Event

- Toughman

Plan of Benefits & Premium Rates (Check Plan Selected)

	Plan #	Maximum Medical Benefit	Accidental Death Benefit	Deductible	Premium
<input type="checkbox"/>	1	\$ 2,500	\$ 2,500	\$ 500	\$ 805
<input type="checkbox"/>	2	\$ 5,000	\$ 5,000	\$ 500	\$ 1,125
<input type="checkbox"/>	3	\$ 10,000	\$ 10,000	\$ 500	\$ 2,000
<input type="checkbox"/>	4	\$ 20,000	\$ 50,000	\$ 500	\$ 2,500
<input type="checkbox"/>	5	\$ 50,000	\$ 50,000	\$ 500	\$ 3,000

All above premium rates are per 2-day event.

List any Additional Insureds and relationship to the applicant.

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

- I understand and agree that if this enrollment form is accepted by the Company, coverage will begin on the date of acceptance or on the date requested above, whichever is later, subject to the payment of the required premium.

Send Proof of Insurance to (Name) Fax or E-mail

- I authorize Westpoint Insurance to charge my premium payment as follows:

Check the following acknowledgements:

- I understand that the premium is fully earned upon policy inception.
- I have read the Release and Waiver Requirement.
- I certify the information I've provided in the application is true and coverage is not applicable until accepted by the Company.

Check one of the following Premium Payment Options:

- Call me for payment information
- Enclosed is my check/money order
- I authorize Westpoint Insurance Group to charge my premium payment to my credit card as follows:

Card Number (Visa, MC, Discover, AMEX)

Exp. Date

CVS Number*

Cardholder's Name

Phone

Applicant/Cardholder's Signature Date

Note: Standard Processing upon receipt of your application takes approximately 7-10 business days. 24-48 Hour Expedited Service (Certificate Proof of Insurance) is available upon request and will be subjected to underwriting approval and an Expediting Fee of \$25.00.

- Please expedite my application and add the application Expediting Fee

Upon review and acceptance of your application, we will email (or mail) you a copy of your policy, certificate of insurance and receipt.

* The CVS Number is an additional security measure printed on all credit cards. The CVS is found on the back of the card for VISA, MC & Discover and on the front of the card for AMEX accounts.

Questions or Need Assistance?

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Fax: (708) 636-3915

E-mail: sales@westpointinsurance.com

Website: www.westpointinsurance.com

Amateur & Professional Boxing & Wrestling Events Accident Medical Insurance Enrollment Form

1. This is an interactive form and can be completed online.
2. If paying by check or money order, make payable to Westpoint Insurance Group.
3. Completed applications paid by check or money order should be mailed to: **Westpoint Insurance Group
P.O. Box 1495
Bridgeview, IL 60455**
4. Completed applications paid by credit card can be saved & attached to an e-mail to sales@westpointinsurance.com or faxed to (708) 636-3915
5. Call Westpoint at (800) 318-7709 if you prefer to pay by phone.

Name of Policyholder/Promoter

Address of Policyholder/Promoter

City State Zip

Is Policyholder a:

Corporation Individual Partnership Other

Name of Event Date of Event

Type of Event

Boxing Wrestling

Plan of Benefits & Premium Rates (Check Plan Selected)

	Plan #	Maximum Medical Benefit	Accidental Death Benefit	Deductible	Premium
<input type="checkbox"/>	1	\$ 2,500	\$ 2,500	\$ 500	\$ 500
<input type="checkbox"/>	2	\$ 2,500	\$ 2,500	\$ 1,000	\$ 350
<input type="checkbox"/>	3	\$ 5,000	\$ 5,000	\$ 500	\$ 650
<input type="checkbox"/>	4	\$ 5,000	\$ 5,000	\$ 1,000	\$ 600
<input type="checkbox"/>	5	\$ 10,000	\$ 10,000	\$ 500	\$ 1,000
<input type="checkbox"/>	6	\$ 10,000	\$ 10,000	\$ 1,000	\$ 875
<input type="checkbox"/>	7	\$ 20,000	\$ 20,000	\$ 500	\$ 1,450
<input type="checkbox"/>	8	\$ 20,000	\$ 20,000	\$ 1,000	\$ 1,200
<input type="checkbox"/>	9	\$ 20,000	\$ 50,000	\$ 500	\$ 1,650
<input type="checkbox"/>	10	\$ 20,000	\$ 50,000	\$ 1,000	\$ 1,350
<input type="checkbox"/>	11	\$ 50,000	\$ 50,000	\$ 500	\$ 2,500
<input type="checkbox"/>	12	\$ 50,000	\$ 50,000	\$ 1,000	\$ 2,250

All above premium rates are per event. 10 bouts per event limit. All events are limited to one (1) day.

List any Additional Insureds and relationship to the applicant.

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

I understand and agree that if this enrollment form is accepted by the Company, coverage will begin on the date of acceptance or on the date requested above, whichever is later, subject to the payment of the required premium.

Send Proof of Insurance to (Name) Fax or E-mail

I authorize Westpoint Insurance to charge my premium payment as follows:

Check the following acknowledgements:

I understand that the premium is fully earned upon policy inception.

I have read the Release and Waiver Requirement.

I certify the information I've provided in the application is true and coverage is not applicable until accepted by the Company.

Check one of the following Premium Payment Options:

Call me for payment information

Enclosed is my check/money order

I authorize Westpoint Insurance Group to charge my premium payment to my credit card as follows:

Card Number (Visa, MC, Discover, AMEX)

Exp. Date

CVS Number*

Cardholder's Name

Phone

Applicant/Cardholder's Signature Date

Note: Standard Processing upon receipt of your application takes approximately 7-10 business days. 24-48 Hour Expedited Service (Certificate Proof of Insurance) is available upon request and will be subjected to underwriting approval and an Expediting Fee of \$25.00.

Please expedite my application and add the application Expediting Fee

Upon review and acceptance of your application, we will email (or mail) you a copy of your policy, certificate of insurance and receipt.

*The CVS Number is an additional security measure printed on all credit cards. The CVS is found on the back of the card for VISA, MC & Discover and on the front of the card for AMEX accounts.

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Fax: (708) 636-3915

E-mail: sales@westpointinsurance.com

Website: www.westpointinsurance.com

Kickboxing & Mixed Martial Arts Wrestling Events Accident Medical Insurance Enrollment Form

1. This is an interactive form and can be completed online.
2. If paying by check or money order, make payable to Westpoint Insurance Group.
3. Completed applications paid by check or money order should be mailed to: **Westpoint Insurance Group
P.O. Box 1495
Bridgeview, IL 60455**
4. Completed applications paid by credit card can be saved & attached to an e-mail to sales@westpointinsurance.com or faxed to (708) 636-3915
5. Call Westpoint at (800) 318-7709 if you prefer to pay by phone.

Name of Policyholder/Promoter

Address of Policyholder/Promoter

City State Zip

Is Policyholder a:

- Corporation Individual Partnership Other

Name of Event Date of Event

Type of Event

- Kickboxing Mixed Martial Arts

Plan of Benefits & Premium Rates (Check Plan Selected)

	Plan #	Maximum Medical Benefit	Accidental Death Benefit	Deductible	Premium
<input type="checkbox"/>	1	\$ 2,500	\$ 2,500	\$ 500	\$ 770
<input type="checkbox"/>	2	\$ 2,500	\$ 2,500	\$ 1,000	\$ 700
<input type="checkbox"/>	3	\$ 5,000	\$ 5,000	\$ 500	\$ 910
<input type="checkbox"/>	4	\$ 5,000	\$ 5,000	\$ 1,000	\$ 840
<input type="checkbox"/>	5	\$ 10,000	\$ 10,000	\$ 500	\$ 1,400
<input type="checkbox"/>	6	\$ 10,000	\$ 10,000	\$ 1,000	\$ 1,190
<input type="checkbox"/>	7	\$ 20,000	\$ 20,000	\$ 500	\$ 2,750
<input type="checkbox"/>	8	\$ 20,000	\$ 20,000	\$ 1,000	\$ 2,400
<input type="checkbox"/>	9	\$ 20,000	\$ 50,000	\$ 500	\$ 3,000
<input type="checkbox"/>	10	\$ 20,000	\$ 50,000	\$ 1,000	\$ 2,650
<input type="checkbox"/>	11	\$ 50,000	\$ 50,000	\$ 500	\$ 4,250
<input type="checkbox"/>	12	\$ 50,000	\$ 50,000	\$ 1,000	\$ 4,000

All above premium rates are per event. 20 participants per event limit. Larger events must be submitted for a quotation. All events are limited to one (1) day.

List any Additional Insureds and relationship to the applicant.

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

- I understand and agree that if this enrollment form is accepted by the Company, coverage will begin on the date of acceptance or on the date requested above, whichever is later, subject to the payment of the required premium.

Send Proof of Insurance to (Name) Fax or E-mail

- I authorize Westpoint Insurance to charge my premium payment as follows:

Check the following acknowledgements:

- I understand that the premium is fully earned upon policy inception.
- I have read the Release and Waiver Requirement.
- I certify the information I've provided in the application is true and coverage is not applicable until accepted by the Company.

Check one of the following Premium Payment Options:

- Call me for payment information
- Enclosed is my check/money order
- I authorize Westpoint Insurance Group to charge my premium payment to my credit card as follows:

Card Number (Visa, MC, Discover, AMEX)

Exp. Date

CVS Number*

Cardholder's Name

Phone

Applicant/Cardholder's Signature Date

Note: Standard Processing upon receipt of your application takes approximately 7-10 business days. 24-48 Hour Expedited Service (Certificate Proof of Insurance) is available upon request and will be subjected to underwriting approval and an Expediting Fee of \$25.00.

- Please expedite my application and add the application Expediting Fee

Upon review and acceptance of your application, we will email (or mail) you a copy of your policy, certificate of insurance and receipt.

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Website: www.westpointinsurance.com

Boxing/Mixed Martial Arts/Wrestling/ Toughman Event General Liability Insurance Application Form

1. This is an interactive form and can be completed online.
2. If paying by check or money order, make payable to Westpoint Insurance Group.
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Name of Policyholder/Promoter

Address of Policyholder/Promoter

City State Zip

Is Policyholder a:

- Corporation Individual Partnership Other

Name of Event

Location of Event

Date and Time Seating Capacity Attendance

Liability Insurance Limits Requested (check one):

- \$1,000,000 Per Occurrence / \$2,000,000 Aggregate
 \$2,000,000 Per Occurrence / \$2,000,000 Aggregate
 \$3,000,000 Per Occurrence / \$3,000,000 Aggregate

Have any of the Policyholder's/Promoters past boxing insurance policies been cancelled or non-renewed in the past? If yes, please give date and details of the claim.

Have any of the Policyholder's/Promoters past boxing insurance policies had claims filed against them? If yes, please give date and details of the claim.

Is Policyholder/Promoter responsible for any of the following?

- Temporary Lighting Security Temporary Stage
 Liquor Tent Vendors Ushers Concessions

Security provider for the event:

Fire Protection Proximity to Fire/Medical Services

Is Facility Protected by a Sprinkler System? Yes No
 Are Fire Extinguishers Located at Facility? Yes No
 List any Additional Insureds and relationship to the applicant.

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

Name

Address

City State Zip

Relationship to applicant

I understand and agree that if this enrollment form is accepted by the Company, coverage will begin on the date of acceptance or on the date requested above, whichever is later, subject to the payment of the required premium.

Send Proof of Insurance to (Name) Fax or E-mail

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 I have read the Release and Waiver Requirement.
 I certify the information I've provided in the application is true and coverage is not applicable until accepted by the Company.

Check one of the following Premium Payment Options:

- Call me for payment information
 Enclosed is my check/money order
 I authorize Westpoint Insurance Group to charge my premium payment to my credit card as follows:

Card Number (Visa, MC, Discover, AMEX)

Exp. Date CVS Number*

Cardholder's Name Phone

Applicant/Cardholder's Signature Date

Note: Standard Processing upon receipt of your application takes approximately 7-10 business days. 24-48 Hour Expedited Service (Certificate Proof of Insurance) is available upon request and will be subjected to underwriting approval and an Expediting Fee of \$25.00.

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