



## Combative Sports Event Application

### INDEX

Broker Information	
Client Information	
Venue Information.....	2
General Liability	
Excess Liability	
Hired & Non-Hired	
Accident Medical.....	3
Total Premium.....	4
Additional Insured.....	5
Office Information.....	6

### Program Coverage Summary

\$ 2,000,000	General Aggregate
\$ 1,000,000	Occurrence
\$ 1,000,000	Personal and Advertising
\$ 1,000,000	Products and Completed Operations
\$ 300,000	Damage to Rented Premises
-excluded-	Participant Legal Liability

**Broker Information**

(If Not Applicable, Skip This Section)

Name of Agency / Brokerage: \_\_\_\_\_  
Name of Contact / Agent: \_\_\_\_\_  
Mailing Address of Agency / Brokerage: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Client Information**

(Please Fill-in All Applicable Fields)

Conference Name: \_\_\_\_\_  
Organization/Association Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Individual Responsible For Insurance: \_\_\_\_\_  
President Name: \_\_\_\_\_

**Venue Information**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Event: \_\_\_\_\_

**All questions must be answered:**

Yes \_\_\_\_ No \_\_\_\_ Is the venue a specifically designated venue for Sports and Spectator seating?  
(Bars and Nightclubs are excluded from this program)

Yes \_\_\_\_ No \_\_\_\_ Have you had any claims in the last 4 years? If so, explain. \_\_\_\_\_  
\_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_ Do you need promoter bond? If yes, a supplemental application will be provided.

Yes \_\_\_\_ No \_\_\_\_ Do you need Liquor Liability? If yes, a supplemental application will be provided.

Yes \_\_\_\_ No \_\_\_\_ Is a Waiver of Subrogation required by contract? = \$150.00

Yes \_\_\_\_ No \_\_\_\_ Is Primary and Noncontributory coverage required by contract? = \$250.00



# General Liability Coverage

VENUE CONTRACT is required along with this application.

Please check off sport(s) that apply:

 Pro Amateur Wrestling

Estimated number of spectators: \_\_\_\_\_ x 0.31 = \$ \_\_\_\_\_  
(\$400.00 Minimum premium)

## 5 Mill Excess Coverage

General Liability must be purchased above  
Check one box to include excess coverage

2000 spectators or Less = \$650.00 Minimum Premium

- OR -

2001 or more spectators = \_\_\_\_\_ x .142 + \$650.00 = \$ \_\_\_\_\_  
(# of spectator over 2000)

## Hired & Non-Hired Auto

Check box to include

\$125.00 Minimum Premium for \$1,000,000 Limit.

## Accident Medical:

(Covers your fighters)

Check with your state athletic commission if you are unaware of the limits required.

Premium Quote will be provided upon submission.

Number of Bouts: \_\_\_\_\_

Pro \_\_\_\_\_

Amateur \_\_\_\_\_

Wrestling \_\_\_\_\_ (total # of wrestlers)

Medical Coverage Limit: \_\_\_\_\_ AD&D Limit: \_\_\_\_\_ Deductible Limit: \_\_\_\_\_

Total Accident Medical Premium \$ \_\_\_\_\_  
(\$600 Minimum Premium Due)



- Policy will begin upon receipt of application and premium, and will be valid for an annual term.
- No backdating will be allowed under any circumstances.
- To add bouts at any time before the event please complete another application and submit to our office along with premium.
- Bouts cannot be deleted or removed after policy has been bound and processed.

**ALL PREMIUMS ARE FULLY EARNED AT POLICY INCEPTION**

**No Refunds**

**Total Amount from Premium Due Columns: \$ \_\_\_\_\_**

**Agency Fee (non-refundable): \$30**

**Expedite Fee (Optional 24hr Rush Delivery):  \$100 (optional)**  
 (Normal Processing is Approximately 5 Business Days)

**Total Amount Due For Premiums and Fees: \$ \_\_\_\_\_**

**Broker Name: \_\_\_\_\_ (For Agents Only)**

**Broker Code: \_\_\_\_\_ (For Agents Only)**

← **New Brokers, check here to request Broker Kit (For Agents Only)**

I confirm that all information provided on this application is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this application and that Gagliardi Insurance Services reserves the right to deny all or part of any coverage offered. I understand that this application only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request. Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

← **Please Check: I understand once my policy is paid for and coverage is bound, there are no deleting bouts or refunds.**

**Print Name and Title: \_\_\_\_\_**

**Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



## Additional Insured / Certificate Holder List

Complete Address required for completion of certificate.

If Endorsement is required, please include copy of contract or insurance requirements

- Check here to duplicate certificates on file** (Same as last year)
- I am allowing others in my organization to access the account and request certificates.**
- OR**
- I am the only one in my organization that can access account information and request certificates.**

<p>_____ Additional Insured (Full Name)</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Relationship to Insured</p>	<p>_____ Additional Insured (Full Name)</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Relationship to Insured</p>
<p>_____ Additional Insured (Full Name)</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Relationship to Insured</p>	<p>_____ Additional Insured (Full Name)</p> <p>_____ Address</p> <p>_____ City, State, Zip</p> <p>_____ Relationship to Insured</p>
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**Attach additional list of Additional Insured when necessary.  
Or you may request online at [www.gsportsinsurance.com](http://www.gsportsinsurance.com) – "Request a Certificate"**



# How to Reach Us

## California Office

950 S. Bascom Ave.  
Suite 3010  
San Jose, CA 95128

## Pennsylvania Office

109 S. 13th St.  
Suite 117B  
Philadelphia, PA19107

### Submission Options:

Send to Pennsylvania Office listed above

*or*

Scan and email to:  
[sales@gsportsinsurance.com](mailto:sales@gsportsinsurance.com)

*or*

Fax to: 408-414-8199

**Website:** [gsportsinsurance.com](http://gsportsinsurance.com)

**Phone:** +1 (800)-995-9768

**Email:** [sales@gsportsinsurance.com](mailto:sales@gsportsinsurance.com)