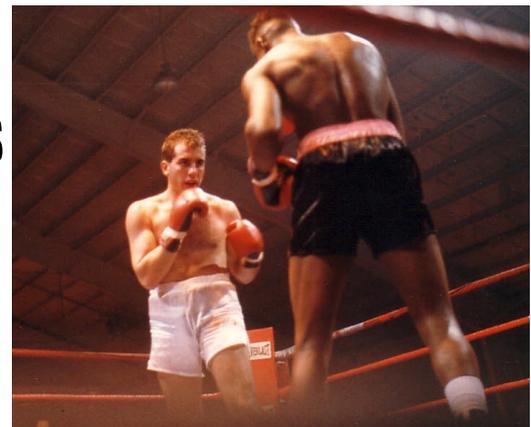


BCI

The **Boxing-Combat Insurance Specialists**



**BOXING
MIXED MARTIAL ARTS
KICKBOXING
WRESTLING
TOUGHMAN**



BCI has been a leader in the Boxing-Combat Insurance market for many years. We are proud to offer our unique program with benefits that surpass other insurance providers while offering an affordable rate. Enrollment is extremely easy with our simplified application. Coverage is available almost immediately. If needed, we can provide confirmation to your state boxing commission within an hour.

Participant Accident Insurance Coverage

Who is Covered: The program provides protection for all participants of the policyholder while participating in the policyholder sponsored event. Our program also covers the event officials (referees, judges, etc). Most of our competitors do not cover the officials.

Medical Benefit: The policy provides Excess Medical protection for eligible expenses as a result of a covered injury. "Eligible Expenses" include charges for the necessary medical treatment and service, not to exceed the Maximum Medical Expense Benefit as indicated on the policy benefit page. Limits are offered from \$2,500 up to \$50,000 or more.

Accidental Death & Dismemberment: If a covered injury results in death or dismemberment as specified in the policy, the company will pay the applicable amount as set forth on the policy benefit pages.

General Liability Insurance Coverage

This program (separate from the Accident Insurance policy) 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 for this coverage. BCI understands that claims need to be processed in a swift and professional manner.

Claims Service

BCI understands that claims need to be processed in a swift and professional manner. Claim forms are supplied and the claim process is quick and easy.

QUICK QUOTE / APPLICATION

Quick Quote: Forward the attached application (Accident Medical and/or Liability) to our office via fax, e-mail or regular mail and we will promptly offer you a quote.

Application: Submit attached application(s) to our office via fax, e-mail or regular mail and we can bind coverage.

PAYMENT/ POLICY ISSUE

- **Same Day Policy Issue**
- **Pay by Credit Card or Check**
- **Post Event Reporting for # of Bouts:** Not sure how many bouts you will have?? No problem....simply estimate the confirmed number of bouts, report the actual number of bouts to us the day after the event...and we will adjust your premium accordingly (We can add bouts, we cannot delete bouts...so it is best to estimate low and confirm/add actual number of bouts. We are unable to offer a refund if bouts get scratched).

BCI - Application

Name of Policyholder/Promoter: _____

d/b/a Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Venue Name: _____

Venue Address: _____

Venue City: _____ State: _____ Zip: _____

Is the venue specifically designed for Sports and/or Spectator Seating? _____

Are any of the following required or needed:

____ Promoter Bond

____ Waiver of Subrogation

____ Liquor Liability

____ Primary & Noncontributory Coverage

Do you need Event/Spectator/Venue Liability: _____

If so, what limits are required: _____

Approximately how many Spectators do you expect to attend: _____

Participant Medical Coverage

Number of Bouts: _____ Boxing _____ Kickboxing _____ Wrestling

_____ Amateur MMA _____ Pro MMA

Medical Limits Requested: Accident Medical: _____

Accidental Death: _____

Deductible: _____

Any other Coverage Requirements: _____

Any Additional Insured's?? (If so, please list complete name and address):

Date: _____

Promoter Full Name: _____

Promoter Signature: _____



All Lines of Insurance - Quality, Affordable Coverage

Insured Authorization Agreement to Process a Credit Card Payment

I (we) hereby authorize Berks County Insurance Group, Inc. to initiate a credit card transaction on my (our) credit card account identified below in order to charge premium payments for the insurance policy issued on my (our) behalf. I (we) understand that Berks County Insurance Group, Inc. will enter the below information into a proprietary website and that my (our) credit card account will be charged accordingly.

I (we) authorize the financial institution named below to honor the charge payable to Berks County Insurance Group, Inc. and post such charges to my (our) account.

- Full Name (as it appears on card): _____
- Type of Card (MC or Visa only): _____
- Name on Policy (if different than card): _____
- Credit Card #: _____
- Expiration Date: ____/____
- Card Security Code (CV2): _____ (3 digit code)
- Card Billing Address: _____
- Card Billing City/State/Zip Code: _____
- Amount: _____

Signed: _____

Cardholder's Name: _____
(Printed)

Date: _____