



P.O. Box 1967
Madison, MS 39130-1937
Phone: 601-898-8464
Toll Free: 800-844-0536
Fax: 601-707-1037
www.sportsfitness.com

SPECIAL EVENT SUPPLEMENTAL APPLICATION

Insured Name: _____ Policy #: _____

Are you the sponsor of the event? ___ YES ___ NO If not, who is the sponsor? _____

Description of Event: _____

Are there participants other than your own students? ___ YES ___ NO

Location (Name and Address) of event: _____

Does the venue require Certificate of Insurance? _____

If yes, list names, address and interest of certificate holders: _____

Date(s) of Event: _____ Times: _____

Attach brochure or promotional materials and/or website: _____

Total Number of attendees/participants: _____

Age range of participants: _____

Total Number of Volunteers: _____

Total Revenue generated: _____

Is there an admission fee? _____ If yes, what is the fee? _____

Are over night stay or camping accommodations provided by event organizer? _____

Is Alcohol being served or sold? _____

If yes, by whom? _____

Has server(s) provided evidence of liquor liability? _____

Certificate received by insured? _____

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Is Food being served or sold? _____

If yes, is any cooking involved? Describe. _____

Has preparer provided evidence of insurance? _____

Certificate received by insured? _____

Is this a martial arts event? Describe. _____

If yes, what forms of martial arts will be used by the participants? List ALL. _____

Will all of the forms be none to light contact? Describe. _____

Note: Full contact is not allowed. Only padded or fake weapons allowed.

Will all participants wear the usual and customary protective gear for the style of martial arts? _____
Usual protective gear includes but is not limit to mouthpiece, groin cups, chest protector, shin guard, hand pads and foot pads.

Are waivers being signed by all participants? _____

Will all participants receive copies of the tournament rules and guidelines? _____

Please attach a copy of the tournament rules and guidelines to this application.

NOTE: This program does not provide coverage for competitions or tournaments involving the following styles or disciplines: Muay Thai-Thai Boxing, Kali, Escrima, Savate, Sayoc kali, Dim mak, Haganah and full contact and submission mixed martial arts, including but not limited to cage events, extreme fighting and ultimate fighting. If you have any of these styles please contact your Sports & Fitness Insurance underwriter immediately.

Is a sporting event or fitness activity being performed? _____

If yes, please list sport(s)/activities? _____

Are waivers being signed by all participants? _____

Are safeguards in place to prevent injury to spectators? Describe. _____

Describe first aide arrangements: _____

Is the event limited to the venue grounds? Describe . _____

If event will utilize city streets, who is providing traffic control on the course? _____

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Will there be swimming? _____ If yes, are lifeguards on duty? _____

Are the lifeguards certified? _____ CPR trained? _____

Are the lifeguards hired by you or the venue? _____

If by the venue, has a certificate of insurance been received? _____

Please check if any of the following present at the event:

Amusement Rides _____

Animal Rides _____

Balloon Ride _____

Circus _____

Climbing Walls _____

Fireworks _____

Haunted House _____

Hay Rides _____

Inflatables _____

Mechanical Devices _____

Petting Zoos _____

Tractor Pulls _____

Other: _____

Description/Comments: _____

Insured Signature: _____

Date: _____

Title: _____