ISCF
International Sport Combat Federation
PROMOTER INSURANCE FORM
FOR
Francis L. Dean & Associates, Inc.
"The Preferred Insurance Provider Of ISCF MMA Sanctioned Events!
1776 South Naperville Road, Bldg-B
P.O. Box 4200, Wheaton, Illinois. 60189
(800) 745-2409 - info@fdean.com - FAX (630) 665-7294

Enrollment Form for Accident Medical Insurance for ISCF Sanctioned Mixed Martial Arts Event

PLEASE FILL OUT ENTIRE FORM - PLEASE PRINT NEATLY

Full Legal Name of Proposed ISCF SANCTIONED EVENT Policyholder (as it will appear on the policy documents)

NAME:_____

Mailing Address: _____ _____ _____ _____
Street or PO Box | City | State | Zip

Contact Person: _____

Phone Number: _____ **E-mail Address:** _____

Name of Event: _____

Location of Event: _____

Date & Time: _____

Is the event ISCF Sanctioned? _____ Yes _____No

Are you requesting Venue Liability for your event?

- **_____$1 Million Per Occurrence - 1 Million Aggregate is $_____**

OR OTHER

- **_____$1 Million Per Occurrence - _____ Million Aggregate is $_____**

Are you requesting Fighter Medical Insurance from one of the ISCF Rates?

_____ Yes _____No

If so, which "PLAN NUMBER" are you requesting: _____

INSURANCE AMOUNTS: _____/_____

COST OF FIGHTER MEDICAL PLAN: $_____

www.ISCFMMA.com - www.FDean.com