

IKF
International Kickboxing Federation
PROMOTER INSURANCE FORM

FOR

Francis L. Dean & Associates, Inc.

"The Preferred Insurance Provider Of IKF Kickboxing 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

- Name of IKF Promoter: _____
- Where is event to be held: _____, _____
- What is the DATE of your event: ____/____/____
- Is the event IKF Sanctioned? ____ Yes ____ No
- Are you requesting Venue Liability for your event?
 - ____ \$1 Million Per Occurrence - 2 Million Aggregate is \$450.00
- OR
- ____ \$2 Million Per Occurrence - 3 Million Aggregate is \$1,550.00
- Are you requesting Fighter Medical Insurance from one of the IKF Rates?
 - ____ Yes ____ No
- If so, which "**PLAN NUMBER**" are you requesting: _____
- **INSURANCE AMOUNTS:** _____ / _____
- **COST OF FIGHTER MEDICAL PLAN:** \$ _____

www.IKFKICKBOXING.com - www.FDean.com

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*"The Nation's Leader
In Sports Insurance"*

