

IKF
International Kickboxing Federation
PROMOTER INSURANCE FORM

FOR

Francis L. Dean & Associates, Inc.

"The Preferred Insurance Provider Of IKF Kickboxing Sanctioned Events!"

12800 University Drive

Suite 125, Fort Myers, Florida, USA, 33907

Toll Free (800) 745-2409 / FAX (630) 665-7294 / 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.IKFMuayThai.com
www.FDean.com**

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

