



World Boxing Council

Consejo Mundial de Boxeo

To: ALL WBC SUPERVISORS OF CHAMPIONSHIP FIGHTS
From: MAURICIO SULAIMAN
Date: June 10, 2008.

The WBC has an insurance policy that protects boxers and promoters during championship events.

This insurance has a \$100,000 USD life benefit and \$75,000 USD hospital expenses benefit.

We can proudly say that this insurance is very seldom used as the WBC has revolutionized the sport with great medical changes in the sport.

This insurance has another sensational benefit, which covers all boxers that participate in that card. From 4 - round fights, as well as, even championship fights of other organizations are covered by the WBC policy.

Attached you will find 2 different formats that you need to fill whenever you supervise a fight.

1. - Champion and challenger form. Each boxer must fill the form as it is for the \$100,000 USD benefit that covers WBC championship fight.
2. - All Bouts-Undercard. Each of the participants of the card must fill it. It is much simple, one form for the rest of the card.

Thank you very much for your kind assistance and do not hesitate to contact us in case you need any additional information.

Mauricio Sulaiman

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Fax: (5255) 5119-52-93 / 94



World Boxing Council *Consejo Mundial de Boxeo*

CHAMPION / CHALLENGER FORM

RE: Designation of Beneficiaries of Life Insurance Policy

WBC Boxing Event to be held on: _____
CITY DATE

With respect to the Life Insurance offered by the WBC, under Policy No. SR3201-YBQPK-03 issued by the General American Life Insurance Company, and in order to comply with all requirements necessary to be entitled to receive the corresponding benefits, in relation to the boxing encounter to be held on _____ in the city of _____
DAY MO YEAR

between the undersigned and _____ I hereby formally designate the following persons as the beneficiaries of my Life Insurance Policy, according to the percentages described below:

Names of Beneficiaries	Percentages
_____	_____
_____	_____
_____	_____
_____	_____

Notwithstanding any other document of indication from either myself or the WBC, hereby I formally state that: (I) I know all and every one of the terms contained in the above mentioned Life Insurance Policy; (II) I recognize that this Life Insurance is a fringe benefit granted by the WBC and therefore, the WBC has no obligation whatsoever therein, save the WBC's mere recognition of beneficiaries included in this letter, (III) that the WBC will not be responsible nor have any obligation on my behalf or my beneficiaries with respect to the payment of any premiums on insured amount, indemnification, or the like, whereby I relieve the WBC of any responsibilities derived from the collection of insured amounts, (including any possible failure or omission by the WBC in the payment of premiums or any other cause used as a pretext by the insurance company to refuse payment of the indemnification on insured amount should the covered risk arise).

Yours truly,

Boxer's Name

WITNESSES



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CHAMPION / CHALLENGER FORM

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Yours truly,

Boxer's Name

WITNESSES



World Boxing Council *Consejo Mundial de Boxeo*

ALL BOUTS - UNDERCARD FORM **DESIGNATION OF BENEFICIARIES OF LIFE INSURANCE POLICY**

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 in the city of _____

Name of Boxer	Beneficiary	Signature

This communication is issued for any legal effects thereafter, on _____
 Of the month of _____ of the year _____ in the city of _____
 before two witnesses.

Yours truly.

 WBC Supervisor

 Local Commissioner