



MARKEL INSURANCE COMPANY

4600 Cox Road, Glen Allen, Virginia 23060 • (800) 431-1270

INTERCOLLEGIATE SPORTS QUESTIONNAIRE

Name: _____ Title: _____
 Telephone No. (_____) _____ Fax No. (_____) _____
 Name of School: _____
 Association: _____ Division: _____
 Address: _____
 City _____ State _____ Zip _____
 Athletic Website: _____ e-mail: _____

SECTION I SPORTS CENSUS:

If the school participates in any of the following intercollegiate sports, please specify the **number** of participants in each sport.

	Intercollegiate			Intercollegiate	
	M	F		M	F
Band	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Lacrosse	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Baseball	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Rugby	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Basketball	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Soccer	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Boxing	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Softball	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Cheerleading	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Swimming	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Crew	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Tennis	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Cross Country	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Track & Field	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Diving	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Volleyball	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Equestrian	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Wrestling	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Field Hockey	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Coaches/Managers	_____	_____
Flag/Touch/FB	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other	_____	_____
Football	<input type="checkbox"/> _____	<input type="checkbox"/> _____		_____	_____
Golf	<input type="checkbox"/> _____	<input type="checkbox"/> _____		_____	_____
Gymnastics	<input type="checkbox"/> _____	<input type="checkbox"/> _____		_____	_____
Ice Hockey	<input type="checkbox"/> _____	<input type="checkbox"/> _____		_____	_____

SECTION II GENERAL INFORMATION:

Are student athletes required to have a medical exam before participating in intercollegiate sports? Yes No

Are student athletes required to have a medical exam before returning to sports after an injury? Yes No

Are student athletes required to certify the presence of or lack of personal health insurance prior to participating in intercollegiate sports? Yes No

What is the estimated percentage of uninsured athletes? _____%

Is there a certified athletic trainer on your staff? Yes No

If yes, how many? _____ FT _____ PT

Do you currently have pre-paid arrangements with any medical providers for intercollegiate sports injuries:

On staff? Yes No (please describe). _____

On retainer? Yes No (please describe). _____

For discounted services? Yes No (please describe). _____

Other, (please describe). _____

When a deductible or other out-of-pocket expenses exist after payment by the current sports policy, how is the deductible satisfied?

- College pays
- Student pays
- Student Accident/Health policy pays
- Other; Explain: _____

SECTION III EXPERIENCE INFORMATION:

Summarize your policy experience for the current policy year, and 3 prior years. Attach insurance company loss runs.

	CURRENT YEAR	20	20	20
Premium paid	\$	\$	\$	\$
Number of claims paid as of / /				
Amount of claims paid as of / /	\$	\$	\$	\$
Number of claims paid in excess of \$10,000.				
Number of claims pending as of / /				
Amount of claims pending as of / /	\$	\$	\$	\$
How were medical benefits paid? (Check one in each column) E=Excess P=Primary	E <input type="checkbox"/> P <input type="checkbox"/>	E <input type="checkbox"/> P <input type="checkbox"/>	E <input type="checkbox"/> P <input type="checkbox"/>	E <input type="checkbox"/> P <input type="checkbox"/>
Accident Medical Limit	\$	\$	\$	\$
Accidental Death Limit	\$	\$	\$	\$
Aggregate Limit of Indemnity	\$	\$	\$	\$
Accident Medical Deductible	\$	\$	\$	\$
Benefit Period (Check one in each column) 52 weeks; 104 weeks; 156 weeks	<input type="checkbox"/> 52 <input type="checkbox"/> 104 <input type="checkbox"/> 156	<input type="checkbox"/> 52 <input type="checkbox"/> 104 <input type="checkbox"/> 156	<input type="checkbox"/> 52 <input type="checkbox"/> 104 <input type="checkbox"/> 156	<input type="checkbox"/> 52 <input type="checkbox"/> 104 <input type="checkbox"/> 156
Did policy contain expanded medical coverage for aggravation, reinjuries, overuse, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did policy contain coverage for expenses incurred as a result of the insured's going out of their HMO/PPO network?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heart/Circulatory coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
List the sports which were added or dropped for each policy year listed				
Insurance Carrier Name				
Insurance Agent				

What is the current premium payment plan? _____

SECTION IV BENEFIT SELECTION:

What benefit levels would you like us to consider for quoting purposes?

Accident Medical Limit \$ 25,000 \$ 50,000 \$ 75,000 Other: _____

Accidental Death and Dismemberment Limit None \$1000 \$5000

Accident Medical Deductible \$ _____ Per cause Annual Aggregate

Proposed Policy Effective Date: _____ Date Proposal Requested By: _____

Signature _____ Date _____