



MARKEL INSURANCE COMPANY

4600 Cox Road Glen Allen, Virginia 23060-9817 Phone # (800) 431-1270 Fax Number: (804) 527-7915

CAMP, JROTC, TRIP & TOUR QUESTIONNAIRE FOR ACCIDENT/SICKNESS INSURANCE

Name: _____

Address: _____ Phone Number: _____

Effective dates of camp: _____ Activities to be covered: _____

Is this a sports camp? if yes list sport(s) _____

Type of Camp: church private resident day weekend overnight

Estimated Number of participants age 18 and under: _____ 19 and over: _____

Staff covered? Yes No Estimated # Per Day: _____ Volunteers Covered? Yes No Estimated # Per Day _____

Camp PLANS	AD&D Limit	Accident Limit	*Sickness Limit	Primary Cost per Camper Day \$0 Deductible	Excess Cost per Camper Day \$0 Deductible
JROTC or Plan A	\$5,000	\$3,500	\$1,000	\$.36 day	\$.27 day
Plan B	\$5,000	\$2,500	\$750	\$.33 day	\$.25 day
Day Camp or Plan C	\$5,000	\$3,500	\$0	\$.22 day	\$.17 day

Trips & Tours

Plan D	\$5,000	\$5,000	\$0	\$.22 day	\$.17 day
Plan E	\$5,000	\$10,000	\$0	\$.23 day	\$.18 day
Plan F	\$5,000	\$25,000	\$0	\$.24 day	\$.19 day

_____ X _____ X _____ = \$ _____
 Number of participants number of days rate premium due

_____ X _____ X _____ = \$ _____
 Number of participants number of days rate premium due

Total Premium due \$ _____
Minimum Premium \$350

***Sickness Medical Expense is not available in New Jersey.**

Completed by: _____ Print Name: _____

Agent's Name: _____ Agent #: _____

Address: _____ Agent Resident License # _____

Phone #: _____ Fax # _____

Email Address: _____

For other Plan options please submit questionnaire along with coverage's desired for a quote.

Fax questionnaire to (804) 527-7915 to be issued. Coverage shall not be bound until the Company approves the applicant's completed questionnaire. The Company's receipt of premium does not bind coverage until the completed questionnaire is approved. In the event the Company does not approve your questionnaire, your premium payment will be refunded. Mail original signed questionnaire along with a check for the total premium or \$350 minimum premium, whichever is greater. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.