



# MARKEL INSURANCE COMPANY

PO Box 2009 Glen Allen, Virginia 23058 Phone # (800) 431-1270 Fax Number: (804) 527-7915

## CAMP, SPECIAL EVENT, JROTC and TRIP & TOUR QUESTIONNAIRE FOR ACCIDENT/SICKNESS INSURANCE

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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 \_\_\_\_\_

**Coverage is Excess, for Primary Coverage or if in FL, NE, SC or WV please submit for quote.**

**Please select only one plan.**

**Camp:**

PLANS	AD&D Limit	Accident Limit	*Sickness Limit	Cost per Camper Day \$0 Deductible
JROTC or Plan A	\$5,000	\$3,500	\$1,000	<input type="checkbox"/> \$.27 day
Plan B	\$5,000	\$2,500	\$750	<input type="checkbox"/> \$.25 day
Day Camp or Plan C	\$5,000	\$3,500	\$0	<input type="checkbox"/> \$.17 day

**Trips & Tours:**

Plan D	\$5,000	\$5,000	\$0	<input type="checkbox"/> \$.17 day
Plan E	\$5,000	\$10,000	\$0	<input type="checkbox"/> \$.18 day
Plan F	\$5,000	\$25,000	\$0	<input type="checkbox"/> \$.19 day

\_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Number of participants    Number of days    Rate    Premium due

Total Premium due \$ \_\_\_\_\_  
Minimum Premium \$350  
(Except in FL, NE, SC and WV)

**\*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: \_\_\_\_\_

Fax questionnaire to (804) 527-7915 to be issued. Rates may vary for FL and WA. 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 the 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.