



MARKEL INSURANCE COMPANY

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

Church, Youth and Adult Non-recreational Groups, and Drill, Dance and Scouting Group Accident Insurance Questionnaire

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____

Effective Date: _____ List Any Sports offered? _____

Previous insurance; Indicate premiums and losses on accident coverage for the past three years-

- Check here if no Accident Medical Coverage

Policy year:	20____	20____	20____
Premium:	\$ _____	\$ _____	\$ _____
Losses:	\$ _____	\$ _____	\$ _____

If losses please submit application for quote.

Plan Desired:		Accident Medical Expense	AD&D Coverage	Cost Per Participant			
				<u>\$0 Deductible</u>		<u>\$100 Deductible</u>	
				Primary	Excess	Primary	Excess
	Plan A	\$5,000	\$5,000	\$3.28	\$2.36	\$2.45	\$1.76
	Plan B	\$10,000	\$5,000	\$3.48	\$2.50	\$2.63	\$1.89
	Plan C	\$25,000	\$5,000	\$3.68	\$2.64	\$2.83	\$2.04

			Rate		Total Premium
Number of Participants:	# _____	x	\$ _____	=	\$ _____
					Minimum premium \$350

Are staff and/or volunteers included in this coverage? _____

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

Applicant's signature: _____ Date _____

Agency Name: _____ Agent # _____

Street Address: _____ Agent Resident # _____

City: _____ State: _____ Zip code: _____

Phone Number () _____ Fax Number () _____

Agents Signature: _____ Email Address _____

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.