



MARKEL INSURANCE COMPANY

P.O. Box 2009, Glen Allen, Virginia 23058-2009 1-800-431-1270 Fax 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: () _____ Email: _____

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	\$_____	\$_____	\$_____

Submit for quote when there have been losses in the prior 3 years and/or adult sports and/or travel exposure

Coverage is Excess, for other options or if in FL, NE, SC, or WV please submit for a quote.

Plan Desired:

	Accident Medical Expense	AD&D Coverage
Plan A	\$5,000	\$5,000
Plan B	\$10,000	\$5,000
Plan C	\$25,000	\$5,000

Please select only one plan.

Annual Rate Per Participant	
<u>\$0 Deductible</u>	<u>\$100 Deductible</u>
Excess	Excess
<input type="checkbox"/> \$2.36	<input type="checkbox"/> \$1.76
<input type="checkbox"/> \$2.50	<input type="checkbox"/> \$1.89
<input type="checkbox"/> \$2.64	<input type="checkbox"/> \$2.04

Annual Rate Total Premium

Number of Participants: # _____ x _____ = \$ _____

Minimum premium \$350
(Except in FL, NE, SC or WV)

Are staff and/or volunteers included in this coverage? Yes No

Applicant's Signature: _____ Date: _____

Producer/Agency Name: _____ Agent Number: _____

Address: _____ Agent Resident License # _____

City: _____ State: _____ City: _____

Phone Number: () _____ Fax Number: () _____

Agent's Signature: _____ Email Address: _____

Fax questionnaire to (804) 527-7915 to be issued. Rates may vary in 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 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.