



**MARKEL
INSURANCE
COMPANY**

P.O. Box 3870, Glen Allen, Virginia 23058-3870
(804) 527-2700 (800) 431-1270 Fax (804) 527-7915

**Application for Study Abroad
Program Coverage**

Section I: School Information

Name of School: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

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

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Section II: Coverage Information

Effective Date: _____

of Programs: _____ # of Students Participating: _____

Program Location	Trip Dates	# of Participants	Program Cost per Student

**Please return to:
Markel Insurance Company
P.O. Box 3870
Glen Allen, VA 23058-3870
Fax: 804-527-7915**