



MARKEL INSURANCE COMPANY

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

Volunteers Only Group Accident Insurance Questionnaire

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ E-Mail Address: _____

Effective Date: _____ Type of volunteer work: _____

Is staff included in this coverage? _____

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, please submit for quote for primary coverage, a different plan or if in FL, NE, SC or WV.

		Accident Medical Expense	AD&D Coverage	<u>\$0 Deductible</u> Excess
Plan Desired:	Plan A	\$5,000	\$5,000	<input type="checkbox"/> \$3.13
	Plan B	\$10,000	\$5,000	<input type="checkbox"/> \$3.33
	Plan C	\$25,000	\$5,000	<input type="checkbox"/> \$3.52

Please select only one plan.

Annual Rate

Total Premium

Number of Participants: # _____ x \$ _____ = \$ _____ *(Based on 104 week benefit period)
 Minimum premium \$350
 (Except in FL, NE, SC or WV)

A surcharge may be added depending on the type of volunteering being covered.

Applicant's signature: _____ Date _____

Agency Name: _____ Agent # _____

Street Address: _____ Agent Resident # _____

City: _____ State: _____ Zip code: _____

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.