



# MARKEL INSURANCE COMPANY

## Blanket Accident Insurance Questionnaire – Private Schools

Name of School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Number of Students:	Grades K-5	_____	% Male	_____
	Grades 6-8	_____	% Female	_____
	Grades 9-12	_____		

Percentage Day Students: \_\_\_\_\_% Percentage Boarding Students: \_\_\_\_\_%

What Sports are offered to you students in Grades 6-12? (If applicable) \_\_\_\_\_

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

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

Check here if no Accident Medical Coverage

Plan Desired: Plan A  \$5,000 Accident Medical Expense/\$5,000 Accidental Death & Dismemberment  
 Plan B  \$10,000 Accident Medical Expense/\$5,000 Accidental Death & Dismemberment  
 Plan C  \$25,000 Accident Medical Expense/\$5,000 Accidental Death & Dismemberment

Deductible desired:  No deductible  \$50 deductible  \$100 deductible  \$250 deductible

Coverage option desired:  Excess Accident Medical Coverage  
 Primary Accident Medical Coverage

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

### BROKER INFORMATION

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Email Address \_\_\_\_\_

**MARKEL INSURANCE COMPANY**  
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