



P.O. Box 2009, Glen Allen, VA 23058-2009  
(800) 431-1270 Fax (804) 527-7966

# YOUTH RECREATION ENROLLMENT FORM ACCIDENT MEDICAL APPLICATION

Applicant/Facility Name: \_\_\_\_\_

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

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

Director's Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Club Phone #: (\_\_\_\_) \_\_\_\_\_

Policy Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Plan Description:** SR Plan 22 (SV) \$0.85 per member annually **excluding** tackle football & summer resident camp.

Limits: \$15,000 Accident Medical Expense  
\$20,000 Accidental Death & Dismemberment

1. Coverage is desired for: **(Note: All members in each group must be included.)**

- Registered youth members only.
- Registered youth members and paid staff.
- Registered youth members and volunteers.
- Registered youth members, paid staff and volunteers.

2. Premium Calculation:

Number of registered youth members \_\_\_\_\_

Number of paid staff \_\_\_\_\_

Number of volunteers \_\_\_\_\_

**Total Insured Persons** \_\_\_\_\_ x \$0.85 = \$ \_\_\_\_\_ in Total Premium

**\$350 Minimum Premium \$ \_\_\_\_\_**  
Estimated Premium on Mandatory Benefits  
(Rates Subject to Change)

### Special Conditions

1. \$350 minimum premium per policy on Mandatory Benefits
2. 100% of full estimated premium must accompany this application
3. Clubs agree to submit an audit form to Markel Insurance Company within 7 days from the close of the last club session to be accompanied by all premiums due. The Insurance Company reserves the right to audit club records.
4. All pre-existing health conditions are excluded.

3. Please indicate premiums and losses on accident coverage for the past 3 years:

Policy Year:	_____	_____	_____
Carrier Name:	_____	_____	_____
Total Premium:	\$ _____	\$ _____	\$ _____
Total Losses:	\$ _____	\$ _____	\$ _____

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Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or 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 subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_