



Markel Insurance Company

Sports & Fitness Program

Telephone: (800) 900-1155 Fax: (804) 273-6144

Email applications to: sportsandfitness@markelcorp.com

Sponsored Competition Supplement

(A separate Supplement is required for each event.)

Markel Agent Number: _____

Business Name: _____

Submission or policy number: _____

Sponsored Competitions

1. Type of event: ☐ Dance ☐ Cheer ☐ Gymnastics ☐ Other: _____

Anticipated date(s) of event: _____

Is event at your current location? ☐ Yes ☐ No

If not, event Street Address: _____

City: _____ State: _____ Zip: _____

2. Are you the sole sponsor? ☐ Yes ☐ No

3. Anticipated number of participants: _____

4. Do you require a Waiver from each participant? ☐ Yes ☐ No

5. Are any Additional Insureds required? ☐ Yes ☐ No

If yes, describe: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

6. Number of spectators expected for the event: _____

7. Is there a formal policy regarding emergencies? ☐ Yes ☐ No

8. Do you transport students? ☐ Yes ☐ No

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____