

**Markel Insurance Company**

P.O. Box 2009, Glen Allen, VA 23058-2009

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

Email applications to: sportsandfitness@markelcorp.com

Website: markelsportsandfitness.com

Travel and/or Field Trips Supplement

Markel Agent Number: _____

Business Name: _____

Submission or policy number: _____

1. Number of trips sponsored each year: _____
2. Are all trips within the United States, U.S. Territories, and/or Canada? ☐ Yes ☐ No
3. Do any trips last more than one day? ☐ Yes ☐ No
4. What is the chaperone to student ratio? _____ to _____
5. Do all parents/legal guardians receive detailed information about the trip (place, transportation, supervision, time, objectives, necessary provisions, and instructions) prior to departing? ☐ Yes ☐ No
6. Is there a formal policy regarding emergencies on all trips? ☐ Yes ☐ No
7. Are signed waivers kept on file for each student/participant for each trip? ☐ Yes ☐ No

NOTE: Your policy does not provide non-owned or hired auto coverage. Anyone driving on your behalf is not and will not be covered by this policy.

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: _____