



Markel Insurance Company

Sports & Fitness Program

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

Email to: healthandfitness@markelcorp.com Website: markelsportsandfitness.com

Certificate of Insurance Request Form

Section 1 - Policy Information

Markel Agent Number: _____ Policy Number: _____

Insured Business Name: _____

Contact Person & Phone Number: _____

Insured Email: _____

Section 2 - Interest Information

1. Is this related to an event? ☐ Yes ☐ No

a. If yes, provide:

Event date(s) _____

Event type ☐ Recital ☐ Competition ☐ Tournament

Event Location _____

☐ OTHER _____

Location Name: _____

Mailing Address: _____

City, State Zip: _____

b. Are you the event sponsor? ☐ Yes ☐ No

If yes, please complete the Sponsored Competition Supplement which can be downloaded from our web site

2. Type of Interest: ☐ Certificate Holder ONLY **OR** ☐ Additional Insured – SELECT TYPE

☐ Facility/Employer

☐ Premises Owner

☐ Landlord

☐ Mortgagee/Lienholder

☐ OTHER _____

Interest's Name: _____

Mailing Address: _____

City, State, Zip: _____

Fax #: _____

Contact Person: _____

Phone Number: _____

Contact Email: _____

Authorization - 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.

NOTE: 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.

Please send my certificate by: ☐ E-mail **OR** ☐ Mail (allow 7-10 business days)

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____

(Florida only) Agent license number: _____