



## Group Activities Accident Medical Application

4600 Cox Road, Glen Allen, VA 23060

Telephone: (800) 431-1270 Fax: (804) 527-7915

Email applications to: markelah@markelcorp.com

Website: markelinsurance.com

Markel Agent Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person & Phone Number: \_\_\_\_\_

### Section 1 – Application Information

Desired Effective Date: \_\_\_\_\_

1. Type of Ownership: ☐ Corporation ☐ Individual ☐ Joint Venture ☐ Limited Liability Company  
☐ Organization ☐ Partnership

2. Type of Group: ☐ Civic Group ☐ Church ☐ Recreational ☐ Volunteer  
☐ Sport \_\_\_\_\_ ☐ Other \_\_\_\_\_

3. Describe specific activities to be covered: \_\_\_\_\_

4. List all sports to be covered: \_\_\_\_\_

5. Age of the group and number of each: Age 12 & Under \_\_\_\_\_ Age 13 -15 \_\_\_\_\_  
Age 16 - 18 \_\_\_\_\_ Age 19 & Over \_\_\_\_\_

6. Is coverage desired for staff/supervisors? ☐ Yes ☐ No If yes total number of participants: \_\_\_\_\_

### Section 2 - Prior Three Year Insurance Information

Company	Effective Dates	Premium	No. of Claims	Amount Paid

1. Has the applicant ever been canceled or refused coverage in the last 5 years? (Not applicable in Missouri.)

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

2. Name of current Accident Medical carrier: \_\_\_\_\_

### Section 3 - Requested Insurance

☐ Excess

☐ Primary

1. Period of time coverage is requested : \_\_\_\_\_

2. Check Desired Limits

PLAN	Accident Medical Expense	Accidental Death and Dismemberment
<input type="checkbox"/> A	\$5,000	\$5,000
<input type="checkbox"/> B	\$10,000	\$5,000
<input type="checkbox"/> C	\$25,000	\$5,000

3. Select Deductible ☐ \$0 ☐ \$50 ☐ \$100 ☐ \$250

### Special Conditions

- \$350 minimum policy premium applies in most states.
- All pre-existing health conditions are excluded.

**Notice of Insurance Information Practices:** Personal information about you may be collected from persons other than you in connection with this application for insurance. 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. 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, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

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#### STATE FRAUD STATEMENTS

##### APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

##### APPLICABLE IN THE DISTRICT OF COLUMBIA

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

##### APPLICABLE IN FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

##### APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim or payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

##### APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

##### APPLICABLE IN MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

##### APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

##### APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

##### APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deception statement is guilty of insurance fraud.

##### APPLICABLE IN OKLAHOMA

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

##### APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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**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.

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

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For new agents only</b>	Agency Name: _____	Agency Contact: _____
	Email: _____	Phone: _____

How did you hear about Markel: ☐ Magazine Ad ☐ Referral ☐ Convention/Conference ☐ Web Site ☐ Other

Describe: \_\_\_\_\_

**Thank you for choosing Markel!**