



## Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-3870

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Email applications to: markelah@markelcorp.com

## College Accident Application

(For Students and Intercollegiate Sports)

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

Institution Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

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

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Website: \_\_\_\_\_

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

Person completing Application: \_\_\_\_\_ Title: \_\_\_\_\_

### Section 1 - General Information

1. Private or public? \_\_\_\_\_
2. What student insurance policies do you have and on what basis are students enrolled? (Check all that apply.)
  - a. Plan type: ☐ Accident only Enrollment method: ☐ Compulsory ☐ Other: \_\_\_\_\_  
Total number of students: \_\_\_\_\_ Number less than age 23? \_\_\_\_\_
  - b. Plan type: ☐ Intercollegiate athletics (complete Section 3)  
Number of Intercollegiate athletics: \_\_\_\_\_
3. What is your definition of a full time student? \_\_\_\_\_
4. What is your definition of a part time student? \_\_\_\_\_

### Section 2 - Current Plan Experience and Features

1. We require the accident coverage prior carrier premium and claims experience for the current and 3 prior years.  
Please complete the experience information below for each plan you wish to have quoted. (Please provide brochures or policies for each plan for these years.)

Policy Year	20__	20__	20__	20__
Losses	\$ _____	\$ _____	\$ _____	\$ _____
Total Premium	\$ _____	\$ _____	\$ _____	\$ _____
Student rate (excluding fees)	_____	_____	_____	_____
Fee (if applicable)	\$ _____	\$ _____	\$ _____	\$ _____

2. Are intercollegiate sports accidents covered under your student plan? ☐ Yes ☐ No  
If yes, complete all of Section 3.

### Section 3 - Intercollegiate Sports Accident Coverage

1. Limit desired: \$ \_\_\_\_\_
2. Is expanded medical coverage included? ☐ Yes ☐ No
3. Is HMO/PPO coverage included? ☐ Yes ☐ No
4. Are heart/circulatory coverage included? ☐ Yes ☐ No

5. If the school participates in any of the following, please specify the number of participants for each sport.

Sports	Male	Female	Sports	Male	Female	Sports	Male	Female
Band	_____	_____	Touch Football	_____	_____	Volleyball	_____	_____
Baseball	_____	_____	Golf	_____	_____	Coaches/Managers	_____	_____
Basketball	_____	_____	Ice Hockey	_____	_____	Others:	_____	_____
Cheerleading	_____	_____	Lacrosse	_____	_____		_____	_____
Cross Country	_____	_____	Soccer	_____	_____		_____	_____
Diving	_____	_____	Softball	_____	_____		_____	_____
Equestrian	_____	_____	Swimming	_____	_____		_____	_____
Field Hockey	_____	_____	Tennis	_____	_____		_____	_____
Flag Football	_____	_____	Track and Field	_____	_____		_____	_____

6. Are student athletes required to have a medical exam before participating in intercollegiate sports? ☐ Yes ☐ No
7. Are student athletes required to have a medical exam before returning to sports after an injury? ☐ Yes ☐ No
8. Are student athletes required to certify the presence of or lack of personal health insurance prior to participating in intercollegiate sports? ☐ Yes ☐ No
9. What is the estimated percentage of uninsured athletes? \_\_\_\_\_%
10. Is there a certified athletic trainer on your staff? ☐ Yes ☐ No  
If yes, how many? \_\_\_\_\_ Full time \_\_\_\_\_ Part time
11. Do you currently have pre-paid arrangements with any medical providers for intercollegiate sports injuries:  
On staff? ☐ Yes ☐ No Please describe: \_\_\_\_\_  
On retainer? ☐ Yes ☐ No Please describe: \_\_\_\_\_  
For discounted services? ☐ Yes ☐ No Please describe: \_\_\_\_\_

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

**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 AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.)

### STATE FRAUD STATEMENTS

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

#### Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to

defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Applicable in FL and OK**

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

#### **Applicable in KS**

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 personal or commercial insurance, or a claim for payment or other benefit pursuant to 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 KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

How did you hear about Markel? ☐ Magazine ad ☐ Referral ☐ Convention/conference ☐ Website ☐ Other

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

**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. 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: \_\_\_\_\_

**Thank you for choosing Markel!**