



Markel Insurance Company
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 Email applications to: agapplications@markelcorp.com
 Website: horseinsurance.com



PATH International centers - abuse and molestation liability application

Markel agent number: _____
 PATH International center name: _____
 Phone #: _____ Fax #: _____ Email: _____
 Mailing address: _____ City: _____
 County: _____ State: _____ Zip code: _____ Website: _____
 Contact person & phone number: _____

The following coverage can be added on an optional basis to general liability policies for Path International centers.

- **Limit of insurance: \$100,000 per person, per occurrence / \$200,000 aggregate per policy period**
- **Rate per student: \$4.00**
- **Minimum premium: \$250.00**

1. Does your employment application for paid and volunteer staff include questions asking if the individual has ever been convicted of a crime, including sex-related or child-abuse related offenses? Yes No
2. Does your state permit you to do criminal background investigations on prospective employees? Yes No
 If yes, do you request and receive such background investigations? Yes No
3. How do you verify employment-related references? In person By phone
4. Do you conduct a personal interview? Yes No
5. During staff orientation, do you discuss how to recognize signs of child abuse and sexual abuse or molestation, and what to do if a person reports someone has molested him/her? Yes No
6. Do you have a supervision plan that monitors staff in day-to-day relationships with students, both on and off premises? Yes No
7. If you have an incident of abuse, do you have a crisis management plan that addresses students, employees, volunteers, victim, parents, authorities and media? Yes No
8. Have you ever had an incident that resulted in an allegation of sexual abuse? Yes No
 If yes, describe the allegation: _____

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- a. Was a claim made against you? Yes No
 - b. Was the case settled? Yes No
 - c. Was the case taken to trial? Yes No
 - d. How much was paid as damages to the victim? _____

9. Number of disabled students: _____ Number of non-disabled students: _____
Total number of students: _____ X \$4.00 per person = \$_____ Premium subtotal
Your premium will be the Premium Subtotal or \$250.00 minimum premium, whichever is greater.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

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, NM, RI and WV

Any person who knowingly 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.

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 Florida 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 New York 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 Maine only.

Applicable in MD

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 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.

Please send my insurance policy by: E-mail (Be sure to complete the email address at the top of this application.)
 Please mail my policy. (Allow 7-10 business days.)

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. If we do not approve your application, we will refund your premium. 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!