



Markel Insurance Company
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Email applications to: MSCsubmissions@markelcorp.com
Website: markelinsurance.com

Tutoring/Educational enrichment application

Markel Agent Number: _____ Proposed Effective Date: _____
Business Name: _____ FEIN: _____
Phone #: _____ Fax #: _____ Email: _____
Mailing Address: _____ City: _____
County: _____ State: _____ Zip Code: _____ Website: _____
Location Address: _____
County: _____ State: _____ Zip Code: _____ (If multiple locations, please list separately.)
Contact Person & Phone Number: _____

Section 1 – Applicant Information

1. Type of ownership: ☐ Corporation ☐ Individual ☐ Partnership ☐ Joint venture ☐ LLC
☐ Other: _____ FEIN: _____
2. Is this location a for-profit or not-for-profit: ☐ For Profit ☐ Non-Profit
3. Number of years business has been established: _____
4. How many years of experience: _____

Section 2 – Operational information

1. Total number of instructors (including owners): _____
2. Annual tutoring hours: _____ Estimated annual gross receipts: _____
3. Is this business part of a franchise? ☐ Yes ☐ No
If yes, what is the name of the franchise? _____
4. Do the instructors have teaching credentials? ☐ Yes ☐ No
5. What are the minimum qualifications required for an instructor?
Experience (No. of years): _____
Educational background: _____
Other: _____
6. Where does the instruction take place?
☐ Office ___% ☐ Student's home ___% ☐ Other ___% Describe: _____
If in a student's home, is at least one parent present at all times? ☐ Yes ☐ No
7. Do you operate out of your home? ☐ Yes ☐ No
8. What is the age range of the students being instructed?
☐ Ages 4-8 ☐ Ages 9-13 ☐ Ages 14-18 ☐ Other: _____
9. Is it strict academic instruction? ☐ Yes ☐ No
If no, what programs do you offer? _____

10. Are instructors allowed to transport students in their personal vehicles? ☐ Yes ☐ No
If yes, is personal insurance verified and motor vehicle reports checked? ☐ Yes ☐ No
11. Does the applicant have any vehicles registered in the business name? ☐ Yes ☐ No
Please provide use of vehicles: _____
12. What percentage of staff is:
☐ Employees ____% ☐ Independent contractors ____% ☐ Volunteers ____%
13. Does the applicant's employment process include state and federal verification of whether the individual has ever been convicted of any crime, including sex related or child abuse related offences, before an offer of employment is made? ☐ Yes ☐ No
14. Are federal and state criminal background checks performed on:
☐ Employees ☐ Independent contractors ☐ Volunteers
15. Does the applicant verify employment related references? ☐ Yes ☐ No
16. Does the applicant conduct personal interviews? ☐ Yes ☐ No
17. Does the applicant have written procedures dealing with sexual abuse, including specific training for faculty on identifying and reporting incidents of sexual abuse and molestation? ☐ Yes ☐ No
18. Does the applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? ☐ Yes ☐ No
19. Regarding coverage for abuse or molestation, does the applicant's current insurance program exclude or limit coverage? ☐ Yes ☐ No
20. Do you provide birthday parties? ☐ Yes ☐ No
If yes, annual receipts: _____

Section 3 – Claim and loss information

1. Have you had any claims or losses in the past 5 years? (This includes claims that you filed with an insurance company and losses that you did not file with an insurance company.) ☐ Yes ☐ No
2. Have you ever had any incidents or allegations of sexual or physical abuse? ☐ Yes ☐ No
3. List all the claims or losses in the past 5 years, including losses that you did not file with an insurance company: (attach additional sheet if necessary)

Date of claim or loss	Type of claim or loss	Description of claim or loss	Status (open/closed/not filed)	Paid \$	Reserve \$

4. Is this a new venture? ☐ Yes ☐ No

If no, please provide information on your current insurance coverage for each line of business:

General liability:	Premium:
Property carrier:	Premium:
Auto carrier:	Premium:

5. Is your current coverage being non-renewed? ☐ Yes ☐ No

If yes, why? ☐ Carrier no longer writing this coverage ☐ Loss history ☐ Other: _____

Section 4 – Liability limits and coverage (per occurrence limit/aggregate limit)

1. General liability limit:
☐ \$500,000/\$500,000 ☐ \$500,000/\$1,500,000 ☐ \$1,000,000/\$2,000,000 ☐ \$2,000,000/\$4,000,000
2. Professional liability limit:
☐ \$500,000/\$500,000 ☐ \$500,000/\$1,500,000 ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000
3. Abuse liability limit:
☐ \$100,000/\$300,000 ☐ \$500,000/\$500,000 ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000
4. Employee benefits liability limit (if requested)
☐ \$500,000/\$500,000 ☐ \$500,000/\$1,500,000 ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000
Retro date: _____ Total number of employees: _____
5. Stop gap limit (available in ND, OH, WA, WY only) Total payroll: _____
☐ \$100,000/\$500,000/\$100,000 ☐ \$500,000/\$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000/\$1,000,000 ☐ N/A

Section 5 – Property information (Complete this section for each location. Please copy as necessary.)

Location #: _____

Location address: _____

1. Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000
2. Coinsurance: ☐ 80% ☐ 90% ☐ 100%
3. Year built: _____
4. Please list updates to the building for each of the following:
Roof: _____ Plumbing: _____ Electrical: _____ HVAC: _____
Type of roof: ☐ Composite/asphalt shingle ☐ Metal ☐ Rubber ☐ Slate ☐ Wood ☐ Other: _____
If any updates over 15 years for roof or 20 years on other, please explain reasoning: _____

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5. Do you own the building at this location? ☐ Yes ☐ No

If no, per your lease agreement, are you responsible for providing insurance on the building? ☐ Yes ☐ No

If no, skip to next section.

If yes, what coverages are you required to cover?

- ☐ Building
☐ Permanently installed equipment
☐ Tenants Improvements and Betterments
☐ Other (describe) _____

If any of the above are selected, are you looking for coverage on the property from Market? ☐ Yes ☐ No

If no, go to next section.

If yes, complete the remainder of the Property section.

6. Does this building have a sprinkler system? ☐ Yes ☐ No
7. Building square footage? _____
8. Is this structure a trailer, modular, or a prefabricated building? ☐ Yes ☐ No
9. Number of stories: _____

Coverage	Limit	Valuation (*RC or ACV)	Construction	Occupancy
Building				
Personal property of the insured				
Tenants improvements & betterments				
Business income				

*RC = Replacement cost; ACV = Actual cash value

10. Does a separate business income coinsurance apply?

☐ Yes ☐ No

Coinsurance %: _____

11. Business income monthly limit of indemnity: ☐ 1/3 ☐ 1/4 ☐ 1/6

12. Is this location adjacent to potentially hazardous exposures?

☐ Yes ☐ No

If yes, describe: _____

Section 6 – Additional interest schedule (Complete this section for each location. Please copy as necessary.)

Location #: _____

Location address: _____

Name: _____ Address: _____ Interest is: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lender's loss payee <input type="checkbox"/> Loss payee <input type="checkbox"/> Building owner <input type="checkbox"/> Other: _____
Name: _____ Address: _____ Interest is: <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lender's loss payee <input type="checkbox"/> Loss payee <input type="checkbox"/> Building owner <input type="checkbox"/> Other: _____

Section 7 – Workers Compensation

This information will be sent to the Workers Compensation division for review.

1. Number of employees: Full time: _____ Part time: _____

2. Estimated annual payroll: _____

3. Franchise owner: ☐ Include ☐ Exclude

4. Janitors and/or cooks employed?

☐ Yes ☐ No

5. Have there been any losses in the past 5 years?

☐ Yes ☐ No

Section 8 – Inland Marine

1. What type of equipment do you have?

Type	Quantity	Insurance limit
Robotic		
Musical instruments		
Laptops		
Other		

2. Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐ Other: _____

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 civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, 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, 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 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 MN

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

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.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTE: This 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: _____

Thank you for choosing Markel!