



Markel Insurance Company

Sports & Fitness Program
Telephone: (800) 900-1155 Fax: (804) 273-6144
Email to: sportsandfitness@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: _____