



Markel Insurance Company
 Telephone: (800) 900-1155 Fax: (804) 273-6144
 Email to: sportsandfitness@markelcorp.com
 Website: markelsportsandfitness.com

Sports and fitness program – certificate of insurance request form

Markel agent number: _____
 Business name: _____
 Submission or policy number: _____

Interest information

1. Is this related to an event? Yes No

If yes, provide the following information:

Event date(s): _____

Event type: Recital Competition Tournament Other _____

Event location:

Location name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Are you the event sponsor? Yes No

If yes, please complete the Sponsored Competition Supplement which can be downloaded from our website.

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: _____

Phone number: _____ Fax number: _____

Contact person: _____ Contact email: _____

NOTE: This Supplement becomes part of 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.

Please send my certificate by: Email **OR** Mail (allow 7-10 business days)

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.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____