



**MARKEL  
INSURANCE  
COMPANY**

**CERTIFICATE OF INSURANCE  
Request Form  
(Request for Additional Insured)**

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-900-1155 Fax: 804-273-6144  
healthandfitness@markelcorp.com

Insured Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Please provide all event dates:

a) Dates of Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Any equipment being taken off premises?  
Please list all equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you the event sponsor?  Yes  No

3. A) Description of the event: **(Please include any promotional materials/fliers for the event when possible.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B) Will there be any participants that are not enrolled students or coaches?

\_\_\_\_\_

4. Please provide the following information on the additional insured:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Please provide the following information on the event location if different from above.

Location Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please fax back to 804-273-6144.