



**MARKEL  
INSURANCE  
COMPANY**

**TRAVEL, TOURNAMENT, CAMPS & COMPETITIONS  
Supplement**

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

(A separate application is required for each event.)

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

Policy Number: \_\_\_\_\_

**For the following questions, complete all sections applicable to your business operations.**

**I. Tournaments and/or Competitions**

1. What is the event? \_\_\_\_\_

2. Are you a sponsor?  Yes  No

3. Anticipated Date of Event: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Anticipated Number of Participants: \_\_\_\_\_ Minimum Age of Participants: \_\_\_\_\_

5. Location of event: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

6. Are any Additional Insureds required?  Yes  No

If Yes: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**II. Sponsored Competitions on Your Premises**

7. Number of spectators expected: \_\_\_\_\_

8. Do you require a Certificate of Insurance from all participating schools and organizations?  Yes  No

9. Do you require a waiver from each participant?  Yes  No

**III. Travel**

10. When travelling, are all participants under age 18 required to travel with a parent or guardian?  Yes  No

11. How many trips are sponsored each year? \_\_\_\_\_

12. Are all trips within the United States, U.S. Territories, and/or Canada?  Yes  No

13. Do any trips last more than one day?  Yes  No

If Yes, describe duration, destination(s) and purpose: \_\_\_\_\_  
\_\_\_\_\_

14. What is the ratio of chaperones to students? Under age 10: \_\_\_\_\_ students per chaperone  
Age 10 and up: \_\_\_\_\_ students per chaperone

15. Is a separate permission/waiver agreement required for every trip a student takes?  Yes  No

16. Are permission and waiver agreements required from both parents for student travel?  Yes  No

17. Do all parents receive detailed information about the trip (place, transportation, supervision, times, objectives, necessary provisions, and instructions) prior to departing?  Yes  No

18. Is there a formal policy regarding emergencies and trained personnel on all trips?  Yes  No

If Yes, describe: \_\_\_\_\_

19. Do you hire an outside firm to arrange trips?  Yes  No

**\*\*\*\* NOTE: Your policy does not provide non-owned or hired auto coverage. Anyone driving on your behalf is not and will not be covered by this policy.**

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#### IV. Camps (Including day camps, summer camps, sports camps, etc.):

	# Sessions	Avg. participants per session
20. Number of camp sessions and participants:	Day: _____	_____
	Overnight: _____	_____

21. Session Information:

Session 1: Date Held \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location being held: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Session 2: Date Held \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location being held: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Session 3: Date Held \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Location being held: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

22. Days per week camp is in session: \_\_\_\_\_ days

23. Estimated number of participants who are: a) regular students: \_\_\_\_\_ b) not regular students: \_\_\_\_\_

24. Please check all camp activities that apply. Additional information may be requested.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Academics               | <input type="checkbox"/> Hiking                   | <input type="checkbox"/> Sailboarding                     |
| <input type="checkbox"/> Adventure Camps         | <input type="checkbox"/> Hockey                   | <input type="checkbox"/> Sailing                          |
| <input type="checkbox"/> Archery Range           | <input type="checkbox"/> Horseback Riding         | <input type="checkbox"/> Scuba Diving and Instruction     |
| <input type="checkbox"/> Arts & Crafts           | <input type="checkbox"/> Ice Skating              | <input type="checkbox"/> Skateboarding                    |
| <input type="checkbox"/> Baseball                | <input type="checkbox"/> Jet Skis                 | <input type="checkbox"/> Skating – In Line                |
| <input type="checkbox"/> Basketball              | <input type="checkbox"/> Kayaking                 | <input type="checkbox"/> Soccer                           |
| <input type="checkbox"/> Bicycle Trips           | <input type="checkbox"/> Lacrosse                 | <input type="checkbox"/> Softball                         |
| <input type="checkbox"/> Canoe Trips             | <input type="checkbox"/> Lakes                    | <input type="checkbox"/> Swimming                         |
| <input type="checkbox"/> Caving                  | <input type="checkbox"/> Leadership Training      | <input type="checkbox"/> Tackle Football                  |
| <input type="checkbox"/> Ceramics/Pottery        | <input type="checkbox"/> Mountain Biking          | <input type="checkbox"/> Tennis                           |
| <input type="checkbox"/> Cheerleading            | <input type="checkbox"/> Mountain Boarding        | <input type="checkbox"/> Trampolines                      |
| <input type="checkbox"/> Computer Instruction    | <input type="checkbox"/> Mountain Hiking          | <input type="checkbox"/> Travel Camps                     |
| <input type="checkbox"/> Cross Country Skiing    | <input type="checkbox"/> Music                    | <input type="checkbox"/> Tubing                           |
| <input type="checkbox"/> Cultural/Ethnic Studies | <input type="checkbox"/> Performing Arts          | <input type="checkbox"/> Volleyball                       |
| <input type="checkbox"/> Dance/Drama             | <input type="checkbox"/> Photography              | <input type="checkbox"/> Wall Climbing                    |
| <input type="checkbox"/> Diving                  | <input type="checkbox"/> Radio/TV/Video           | <input type="checkbox"/> Water Blobs                      |
| <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Rappelling               | <input type="checkbox"/> Water Skiing                     |
| <input type="checkbox"/> Fishing                 | <input type="checkbox"/> Religious Education      | <input type="checkbox"/> Watercraft                       |
| <input type="checkbox"/> Football                | <input type="checkbox"/> Rifle Range              | <input type="checkbox"/> White Water Rafting              |
| <input type="checkbox"/> Gardening               | <input type="checkbox"/> Rock Climbing            | <input type="checkbox"/> Windsurfing                      |
| <input type="checkbox"/> Go Karts                | <input type="checkbox"/> Rocketry (model rockets) | <input type="checkbox"/> Wrestling                        |
| <input type="checkbox"/> Golf                    | <input type="checkbox"/> Roller Skating           | <input type="checkbox"/> Other ( <i>describe</i> ): _____ |
| <input type="checkbox"/> Gymnastics              | <input type="checkbox"/> Ropes Courses            |   |

25. Are any Additional Insureds required?  Yes  No

If Yes: Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## V. Martial Arts Events

NOTE: In order to obtain a quotation for martial arts tournament coverage, you must enclose the following:

- 1) a signed and dated copy of the written rules
- 2) a copy of the waiver form each participant is required to sign
- 3) a copy of all promotional materials (such as flyers) for each tournament you intend to sponsor.

***\*Premium is fully earned and must be paid in full before coverage can be bound.***

26. Type of Contact Permitted:  Light  Moderate  Full

27. Events Planned:  Free Sparring  Breaking  
 Forms (Kata, etc)  Demonstration  
 Weapons Forms  Other (*describe*): \_\_\_\_\_

28. Are any Additional Insureds required?  Yes  No

If Yes: Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

29. Please read the statement below and sign:

By signing below, I/We agree that each student will be furnished with a copy of written rules for Free Sparring/Free Fighting. Such rules will include statements to the effect that:

1. No contact is permitted to the head, face, neck, or groin, except for light contact to headgear.
2. Protective headgear, padded kicking boots, and mouthpieces are required for all participants.
3. Groin cups are required for males and breast/chest protectors are required for female participants.

I agree to furnish Markel Insurance Company with a signed and dated copy of such rules for *each* tournament I sponsor, along with my application for coverage. I understand that the policy *will not* provide coverage against head injuries during Free Sparring/Free Fighting unless both participants are wearing Protective Headgear, Padded Kicking Boots, and Mouthpieces.

**\*\*Please Note: Tournament coverage does not apply to associations or Federation events.**

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Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**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 have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**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: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

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: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_