



**MARKEL
INSURANCE
COMPANY**

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Travel, Tournament, Camps & Competitions Supplement

(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.**

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 (describe): _____ |
| <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: _____

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.**

VI. All Applicants:

Insured Signature: _____ Date: _____