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Student Accident Application

Please complete Sections III and IV. Make corrections on any information in Section I or II that is incorrect or blank.
 Please complete the reverse side for your marketing materials order.

I. Policyholder Information

Name of School District: _____ County: _____

Address: _____

Phone: () Fax: () Policy Number: _____

Contact Person: _____

E-mail Address: _____

II. Coverage Parts / Rates

	Compulsory	Voluntary	Level 1 Benefit Cost	Level 2 Benefit Cost	Level 3 Benefit Cost
School Time					
Grades K-8	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Grades 9-12	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Football: Grade 9	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Grade 10-12	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
All Interscholastic Sports	<input type="checkbox"/>		\$	\$	\$
24 Hour Dental		<input type="checkbox"/>	\$	\$	\$
Options:	Included	Not Included			
Around the Clock	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Field Trips	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Religious Education	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$

III. Football or Sports Coverage

Check those for which you are applying:

A) School purchased Interscholastic Sports Coverage (All sports) for **all players**

B) School purchased Football Coverage for **all players**

C) Student purchased Football Coverage on a **voluntary basis**

Date **Fall Football** Practice Begins: _____ Date Fall Season Ends: _____

Do you have **Spring Football** season? Yes No Date Spring Practice Begins: _____ Date Ends: _____

IV. School Opening Date

Please provide the opening day of school next year: ____/____/____

V. Signature and Confirmation

I hereby certify that to the best of my knowledge and belief, the information provided is true and correct and that no information which materially affects this insurance has been withheld. As evidenced by my signature, the school requests insurance coverage as indicated.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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.

Printed Name and Title of School/District Official	Printed Agent Name
Signature of School/District Official	Signature of Agent
Signed on (Mo/Day/Yr)	City/State/Zip
	Telephone: () Fax: ()

ORDER FORM FOR MATERIALS

To guarantee student accident materials, this must be received by us 3 weeks prior to due date

1. School Insurance

Date Materials Required: _____

Materials should be mailed to:

Agent District Office/Board of Education Individual Schools Other (indicate) _____

IF DISTRICT OFFICE, are they to be separated by school? Yes No

IF INDIVIDUAL SCHOOLS, PLEASE FURNISH: (on separate form)

- Contact Name and Email address for each school
- School Name & Physical Address, NO P.O. BOXES
- Number of Students per School
- Number of Homerooms per School

Enrollment envelopes should be:

Mail back (returned directly to Markel Insurance Company; checks payable to Markel)

Bring back (returned to school; checks payable to Markel; school forwards to Markel Insurance Company)

2. Football Insurance – Materials should be furnished for the following:

School Name	No. of Players	Mail To	Date Materials Required
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Underwritten by:
Markel Insurance Company
4600 Cox Road
Glen Allen, VA 23060
Phone (804) 527-7585
Fax (804) 527-7915

Marketing Administrator: