



214 Key Drive, Suite 2000  
 Madison, MS 39110  
 Phone: 866-386-4136  
 Fax: 601-898-4793  
 Email: cs@continentalbrokers.biz

## Youth Recreation Enrollment Form Accident Medical Application

Applicant/Facility Name: \_\_\_\_\_

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

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

Director's Name: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Club Phone #: (\_\_\_\_\_) \_\_\_\_\_

Policy Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Plan Description:** SR Plan 22 (SV) \$0.85 per member annually **excluding** tackle football & summer resident camp.

Limits: \$15,000 Accident Medical Expense  
 \$20,000 Accidental Death & Dismemberment

1. Coverage is desired for: **(Note: All members in each group must be included.)**

- Registered youth members only.
- Registered youth members and paid staff.
- Registered youth members and volunteers.
- Registered youth members, paid staff and volunteers.

2. Premium Calculation:

Number of registered youth members \_\_\_\_\_

Number of paid staff \_\_\_\_\_

Number of volunteers \_\_\_\_\_

**Total Insured Persons** \_\_\_\_\_ x \$0.85 = \$ \_\_\_\_\_ in Total Premium

**\$350 Minimum Premium \$** \_\_\_\_\_  
 Estimated Premium on Mandatory Benefits  
 (Rates Subject to Change)

### Special Conditions

1. \$350 minimum premium per policy on Mandatory Benefits
2. 100% of full estimated premium must accompany this application
3. Clubs agree to submit an audit form to Markel Insurance Company within 7 days from the close of the last club session to be accompanied by all premiums due. The Insurance Company reserves the right to audit club records.
4. All pre-existing health conditions are excluded.

3. Please indicate premiums and losses on accident coverage for the past 3 years:

Policy Year:	_____	_____	_____
Carrier Name:	_____	_____	_____
Total Premium:	\$ _____	\$ _____	\$ _____
Total Losses:	\$ _____	\$ _____	\$ _____

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

**Fair Credit Report Act Notice:** An investigative consumer report may be requested by the insured to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

**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 shall also be subject to a civil penalty, not to exceed five thousand dollars and the stated value of the claim for each such violation.

Club Director Signature: \_\_\_\_\_

Club Director's Name Printed: \_\_\_\_\_

Producer/Agency Name: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_