

Travel, Tournament, Camps & Competitions Supplement

P.O. Box 1357, Arlington Heights, IL 60006-1357 Phone: 800-640-6601 Fax: 847-991-4351 (A separate application is required for each event)

Insu	ured Name:							
Poli	icy Number:							
	For the following questions, complete all sections applicable to your business operations.							
l.	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?							
III.	Travel							
10.	When traveling, 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?							

13. Do any trips last more than one day? ☐ Ye						. 00	es 🗌 No		
	If Yes, describe	duration, destination	on(s) and pu	rpose:					
14.	What is the ratio	of chaperones to	students?	•	10:		•	·	
15.	Is a separate pe	ermission/waiver ag	greement rec	uired for e	every trip a	student	takes?	☐ Yes	☐ No
16.	Are permission	and waiver agreem	nents require	d from bot	th parents f	or stude	nt travel?	Yes	☐ No
17.		eceive detailed infons, and instructions)					supervisio	on, times, o	ojectives,
18.		l policy regarding e	J		·		·	☐ Yes	□ No
19.	Do you hire an o	outside firm to arrai	nge trips?		Yes 🔲	No			
***		oolicy does not pr is not and will no				covera	ge. Anyo	one drivir	ng on your
V.	Camps (Including	ng day camps, sum	mer camps,	sports cam	nps, etc.):				
20.		o sessions and par	ticipants:	Day:	nps, etc.): # Sessions	_	. participa	nts per ses 	sion
20.	Number of camp	o sessions and par	ticipants:	Day: Overnight:	# Sessions	- -			sion
20.	Number of camp Session Informa Session 1:	o sessions and par	ticipants:	Day: Overnight:	# Sessions	- - 			sion
20.	Number of camp Session Informa Session 1: Location bei	o sessions and par ation: Date Held	ticipants:	Day: Overnight:	# Sessions				sion
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20.	Number of camp Session Informa Session 1: Location bei	o sessions and par ation: Date Held ing held: ess:	ticipants:/_	Day: Overnight: //	# SessionstoZip				sion
20.	Number of camp Session Information Session 1: Location bein Street Addre City: Session 2:	o sessions and par ation: Date Held ing held: ess:	ticipants:/Sta	Day: Overnight: // ate:/	# SessionstoZip	- - - / : /	<i>I</i>		sion
20.	Number of camp Session Informa Session 1: Location bei Street Addre City: Session 2: Location bei	o sessions and paration: Date Held ing held: ess: Date Held	ticipants:/Sta	Day: Overnight: // ate:/	# SessionstoZipto	- - - / : /			sion
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23. Estimated number of participants	who are: a) regular students:	b) not regular students:
24. Please check all camp activities the	hat apply. Additional information may	be requested.
Academics Adventure Camps Archery Range Arts & Crafts Baseball Basketball Bicycle Trips Canoe Trips Caving Ceramics/Pottery Cheerleading Computer Instruction Cross Country Skiing Cultural/Ethnic Studies Dance/Drama Diving Environmental Education Fishing Football Gardening Go Karts Golf Gymnastics	Hiking Hockey Horseback Riding Ice Skating Jet Skis Kayaking Lacrosse Lakes Leadership Training Mountain Biking Mountain Hiking Mountain Hiking Music Performing Arts Photography Radio/TV/Video Rappelling Religious Education Rifle Range Rock Climbing Rocketry (model rockets) Ropes Courses	Sailboarding Sailing Scuba Diving and Instruction Skateboarding Skating – In Line Soccer Softball Swimming Tackle Football Tennis Trampolines Trawel Camps Tubing Volleyball Wall Climbing Water Blobs Water Skiing Watercraft White Water Rafting Windsurfing Wrestling Other (describe):
If Yes: Name:		
Street Address:		
City:	State:	Zip:
/. Martial Arts Events		
 a signed and dated copy of a copy of the waiver form 6 a copy of all promotional m 	for martial arts tournament coverage f the written rules each participant is required to sign naterials (such as flyers) for each tournar must be paid in full before coverage	ment you intend to sponsor.
26. Type of Contact Permitted:	Light	
27. Events Planned:	ata, etc) Demonstration	
28. Are any Additional Insureds requi	red?	
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 Federa	tion events.
VI. All Applic	ants:	
Insured Sign	ature:	Date: