



**MARKEL
INSURANCE
COMPANY**

PO Box 3870, Glen Allen, VA 23058-3870
(804) 527-2700 (800) 900-1155 Fax (804) 273-6144
www.markelinsurance.com

**Certificate of Insurance
Request Form
(Request for Additional Insured)**

Insured Name: _____

Policy Number: _____ Today's Date: _____

1. Please provide all event dates:

a) Dates of Event:

b) Any equipment being taken off premises?
Please list all equipment:

2. Are you the event sponsor? Yes No

3. A) Description of the event: (Please include any promotional materials/fliers for the event when possible.)

B) Will there be any participants that are not enrolled students or coaches?

4. Please provide the following information on the additional insured:

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax: (_____) _____

5. Please provide the following information on the event location if different from above.

Location Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please fax back to 804-273-6144.