



P.O. Box 2009, Glen Allen, VA 23058-2009
 800-900-1155 Fax: 804-273-6144
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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.