



Markel Insurance Company
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 Email applications to: msscsubmissions@markel.com
 Website: www.markelinsurance.com

Virtual Programming And Activities Supplemental Application

Markel Agent Number: _____

Business Name: _____

Submission or policy number: _____

1. Describe in detail your online business operations and activities:*

Include any interactive activities and anything that includes physical activity away from the screen.

**PLEASE PROVIDE A COPY OF YOUR CURRICULUM*

2. What is the expected revenue from this activity? _____

3. What is the age range of students/participants? Under 18 18 and over

4. Do you have security controls or IT staff in place to prevent hacking from outside of the intended group? Yes No

5. Are user IDs and passwords required? Yes No

6. Do you utilize a chat feature to engage with students/participants? Yes No

a. If yes, is group chat turned off? Yes No

b. If yes, is chat allowed with presenter only? Yes No

c. If yes, is chat or individual direct messaging allowed within the group? Yes No

7. Is a presenter available at all times? Yes No

8. If participants are under the age of 18, do parents/guardians sign a permission form? Yes No

9. Are sessions recorded? Yes No

a. If yes, is a signed consent requested specifically for the recording? Yes No

b. If yes, are sessions shared with any third party? Yes No

10. If education related, is there any accreditation or licensing of students or participants? Yes No

NOTE: This supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____