



# Museums – Youth Programs Application

P.O. Box 2009 • Glen Allen, VA 23058-2009  
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Email applications to: [msscsubmissions@markelcorp.com](mailto:msscsubmissions@markelcorp.com)

Markel Agent Number: \_\_\_\_\_  New Agent  
 Applicant: \_\_\_\_\_ Business name: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Website: \_\_\_\_\_  
 Contact person and phone number: \_\_\_\_\_

## Section 1 – General

- Classes/activities/camps are held:  day  overnight.  
 List on-site activities: \_\_\_\_\_  
 List off-site activities: \_\_\_\_\_  N/A  
 If off-site, how are the children transported? \_\_\_\_\_  
 If you rent or hire vehicles, which types?  Van  Bus  Trucks  Automobiles  Other \_\_\_\_\_  N/A  
 Do children wear distinguishing identification tags?  Yes  No  
 Are the parents required to sign permission slips?  Yes  No  
 Staff-to-child ratio for the trips is \_\_\_\_\_ staff to \_\_\_\_\_ children.
- If overnight classes/activities/camps are held, complete the following:  
 Is the staff required to stay awake all night?  Yes  No  
 Is the facility kept locked and well lighted?  Yes  No  
 Are only authorized persons allowed to come inside the facility and pick up children?  Yes  No  
 Are children under 5 years old allowed to sleep in the same room with older children?  Yes  No  
 Are children over 5 years old allowed to sleep in the same room with children of the opposite sex?  Yes  No  
 Are staff-to-child ratios maintained during the overnight hours?  Yes  No
- Staff-to-child ratio is \_\_\_\_\_ staff to \_\_\_\_\_ children.
- A written crisis management plan is in place.  Yes  No
- How are children segregated from the general public? \_\_\_\_\_  Yes  No
- Any programming for children with special needs?  Yes  No  
 If yes: Number of special needs youth per year: \_\_\_\_\_  
 Staff-to-child ratio is \_\_\_\_\_ staff to \_\_\_\_\_ children  
 Percentage of staff with specialized training: \_\_\_\_\_%
- Do you have a play area?  N/A  
 Yes  No  
 If yes: Is the area fenced?  Yes  No  
 Indicate type of ground cover under equipment \_\_\_\_\_; depth of ground cover \_\_\_\_\_ inches.  
 Has the equipment been installed, or inspected by, someone certified in playground safety?  Yes  No

## Section 2 – Staff/Employment

- What are the qualifications of the education director? \_\_\_\_\_  
 Years of experience: \_\_\_\_\_
- Is the staff (paid and volunteer) required to complete an employment application?  Yes  No  
 If no, explain: \_\_\_\_\_  
 If yes, does the application ask if the applicant has ever been convicted of any crime, including sex related or child abuse related offenses?  Yes  No
- Do you conduct a personal interview?  Yes  No
- Do you verify employment references?  Yes  No
- Are criminal investigations conducted on all staff (paid and volunteer) including the director before hire?  Yes  No  
 How many years of applicant's history does the investigation span? \_\_\_\_\_ years  
 Background checks are performed again every \_\_\_\_\_ years for every employee, volunteer and director.  
 Check all the following you search when conducting background checks:

<input type="checkbox"/> County criminal records	<input type="checkbox"/> Sex offenders
<input type="checkbox"/> Education verification	<input type="checkbox"/> State criminal records
<input type="checkbox"/> National Criminal Index	<input type="checkbox"/> Teacher license
<input type="checkbox"/> Nationwide U.S. Wants and Warrants	

6. Do you conduct staff orientation?  Yes  No  
 If yes, do you discuss child and sexual abuse, how to recognize the signs, and what to do if a child reports an incident?  Yes  No  
 Do you require mandatory training for all staff each year about these subjects?  Yes  No

**Notice of Insurance Information Practices:** Personal information about you may be collected from persons other than you in connection with this application for insurance. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

**STATE FRAUD STATEMENTS**

**APPLICABLE IN COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim or payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the personal to criminal and civil penalties.

**APPLICABLE IN MINNESOTA**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deception statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Authorization** - I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

**NOTE:** 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>For new agents only</b>	Agency Name: _____ Agency Contact: _____
	Email: _____ Phone: _____

How did you hear about Markel:  Magazine Ad  Referral  Convention/Conference  Web Site  Other

Describe: \_\_\_\_\_

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