



**MARKEL
INSURANCE
COMPANY**

4600 Cox Road, Glen Allen, VA 23060
(800) 431-1270 Fax (804) 527-7966

Nature, Conservation or Environmental Centers
(To be attached to ACORD applications)

NAMED INSURED: _____

Website Address: _____

Please attach the following:

- | | |
|--|--|
| ACORD Applications (For all lines of coverage to be written) | Financial Statement |
| Loss Runs – 4 years, with descriptions of all losses > \$5,000 | Drivers' List (For automobile coverage) |
| Statement of Values (For blanket &/or agreed amount property coverage) | MVR's if available |
| Recent Appraisal for historic buildings &/or Collections | Other Applicable Supplemental Questionnaires |
| Photographs (if available) | Camp Application (if applicable) |
| Schedule of Collections | Directors & Officers Application (if applicable) |
| Brochures | Abuse & Molestation Supplement (if applicable) |

I. GENERAL INFORMATION

- Type of center: Nature Conservation Environmental Other (specify): _____
- Full description of all operation(s) [Attach brochures if available] _____

- Type of 501(c) entity: _____
- Number of years in operation: _____ Years under present management: _____
- Primary funding source(s): _____
- Professional organization memberships: _____
- Have you ever discontinued any programs or operations? Yes No If yes, explain _____

- What is your annual operating budget? _____
- How many visitors did you have last year? _____
- Are you accredited? Yes No If so, by whom? _____
- Is this a membership organization? Yes No If yes, number of members: _____
- If open to the public, list hours of operation: _____

III. GENERAL LIABILITY/PROFESSIONAL (All Risks)

- Staff List

Positions	Number Employed Full Time	Number Employed Part Time	Number Contracted (not employed by insured)
Administrators			
Biologists/Hydrologist/Botanist/Other Scientist			
Clerical			
Community Coordinator			
Foresters			
Guide			

Internships			
Land Use Planner			
Librarians			
Maintenance Workers			
Naturalists			
Office Managers			
Research Assistants			
Researchers			
Restaurant Employees			
Teachers/Program Instructors			
Volunteers (list according to hours worked weekly as if employed)			
Others: (List – use additional paper if necessary)			

2. Is the staff required to report to management all incidences that may result in a claim? Yes No
3. Are written records of all incidences kept by management? Yes No
4. Are all incidences reviewed? Yes No
5. Do you have a formal written safety program in place? Yes No
6. Is there a dam on premises? (If yes, please complete the Dam Supplement.) Yes No
7. Is there a swimming pool or lake on premises? Yes No **If yes, complete the aquatics supplement.**
8. Do you have animals on premises? Yes No If yes, please describe the number and types of each. _____

9. Does insured's fundraising activities including special events. Yes No **If yes, complete the special events supplement.**
10. Do you offer programs for school groups? Yes No If yes: On Premises Off Premises
11. Do teachers and chaperones accompany groups who visit your center? Yes No
12. Do any of the school groups stay overnight? Yes No
13. Average number of on-premises school groups per year? _____ Average number of students per group? _____
14. Average number of off-premises school programs per year? _____ Average number of students per group? _____
15. Do you want Abuse and Molestation coverage? Yes No **If yes, please complete the sexual abuse and molestation supplement.**

Additional comments below: _____

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Insured's Name	Title	Date
Agent's Signature	Date	