

9. Property Information

a. Does applicant want property insurance? Yes No (If yes, please complete information below.)

b. Please include mechanical breakdown, business income: \$ _____ in my quote with property insurance.

Limit of Insurance	\$ _____	\$ _____	\$ _____
Total Square Footage	_____	_____	_____
Building	Height: _____ ft.	Height: _____ ft.	Height: _____ ft.
Construction (Frame of Building)	<input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other: _____
Exterior Wall Type	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____
Roof Type	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____
Cooling Type	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Floor	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____

- Provide photos and diagram showing all buildings on the premises and distance in feet between them. This information is required prior to binding.
- If more than 3 buildings, please duplicate this form.

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.
This supplement becomes part of your application and must be signed and dated.**

Applicant's Signature: _____ Date: _____ Broker's Signature: _____ Date: _____

Broker's Name: _____ Agency Phone Number: _____

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