



Markel Programs - New Program Inquiry

To submit your program for consideration, please complete this form and email to **markelprograms@markelcorp.com**. A Markel Programs Underwriter will contact you for further discussion and exploration.

Name: Phone:
Company: Email:

1. Description of program opportunity (class segment, structure, admitted/non-admitted, etc.):

2. Lines of business: GL ☐ Prop/IM ☐ Auto ☐ Professional ☐ Other:

3. Volume: 1st Year: Market share: %
2nd Year: Market share: %
3rd Year: Market share: %
Comments on growth potential:

4. Do you currently control this book of business? Yes ☐ No ☐

If "yes" to question 3, provide a commentary on loss experience and carrier history:

5. Is this a new (start-up) program? Yes ☐ No ☐

If "no" to question 4, how many years of history does the program have? 1-3 ☐ 3-5 ☐ 5-10 ☐ 10+ ☐

If "no" to question 4, why is Markel being presented with this opportunity?

If "yes" to question 4, what is the perceived "hook" to this new program?

6. Is a reinsurance broker or market finder involved? Yes ☐ No ☐ Company:

7. How many years has the program administrator been in business? New entrant ☐ 1-3 ☐ 3-5 ☐ 5-10 ☐ 10+ ☐

If one year or more, please describe the program administrator's current underwriting authority:

8. Please provide any other general comments on the viability of this program: