



## Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009

Telephone: (800) 900-1155 Fax: (804) 273-6144

Email applications to: healthandfitness@markelcorp.com

Website: markelsportsandfitness.com

### Property - Additional Buildings Form

Markel Agent Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Submission or policy number: \_\_\_\_\_

#### Schedule of Buildings

<b>Premises Information</b>  Building # _____ Location # _____	Is your facility part of a shopping center or mall? <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Own <input type="checkbox"/> Rent
	Building Description: _____					
	Protection: <input type="checkbox"/> Sprinkler _____ % <input type="checkbox"/> Burglar Alarm Fire Alarm: <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Smoke alarms					
Description of Property	Amount	Coinsurance	Valuation	Causes of Loss	Choose Deductible	
Building	\$	90%	RC	Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
Personal Property/contents	\$	90%	RC	Special	Same as selected	
Tenants Improvements & Betterments	\$	90%	RC	Special	Same as selected	
Business Income	\$	90%		Special		
<b>Total</b>		<b>\$</b>				
Construction Type <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Frame/Joisted Masonry <input type="checkbox"/> Fire Resistive	Distance To: Hydrant: _____ ft. Fire Station: _____ mi.	# of Stories _____	Year Built _____	Total Square footage Building: _____  Total Square footage Occupied: _____		
If building is more than 20 years old, provide year of updates. If none, check here: <input type="checkbox"/>  Wiring, Yr. _____ Roofing, Yr. _____ Plumbing, Yr. _____ Heating, Yr. _____		Roof type: <input type="checkbox"/> Asphalt shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Tar/gravel buildup Floor (not floor covering): <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Heating/Cooling: <input type="checkbox"/> None <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Portable heater <input type="checkbox"/> Gas/Oil <input type="checkbox"/> Forced air <input type="checkbox"/> Other: _____				

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Tenants Improvements & Betterments	\$	90%	RC	Special	Same as selected	
Business Income	\$	90%		Special		
<b>Total</b>		<b>\$</b>				

<b>Construction Type</b> <input type="checkbox"/> Non-combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Frame/Joisted Masonry <input type="checkbox"/> Fire Resistive	<b>Distance To:</b> Hydrant: _____ft. Fire Station: _____mi.	<b># of Stories</b> _____	<b>Year Built</b> _____	<b>Total Square footage Building:</b> _____  <b>Total Square footage Occupied:</b> _____
If building is more than 20 years old, provide year of updates. If none, check here: <input type="checkbox"/>  Wiring, Yr. _____      Roofing, Yr. _____ Plumbing, Yr. _____      Heating, Yr. _____		Roof type: <input type="checkbox"/> Asphalt shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Tar/gravel buildup Floor (not floor covering): <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Heating/Cooling: <input type="checkbox"/> None <input type="checkbox"/> Heat Pump <input type="checkbox"/> Electric baseboard <input type="checkbox"/> Portable heater <input type="checkbox"/> Gas/Oil <input type="checkbox"/> Forced air <input type="checkbox"/> Other: _____		

**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: \_\_\_\_\_