



Markel Insurance Company
 P.O. Box 440549, Kennesaw, GA 30160
 Telephone: (888) 245-3485 Fax: (678) 2902200
 Email applications to: NDCorbett@markelcorp.com
 Website: markelhealthclub.com



Quick Quote Application

Waxing the City of: _____ Desired effective date: _____
 Business name: _____
 Contact person and phone number: _____
 Mailing address: _____ City: _____
 State: _____ Zip code: _____ Website: _____
 Location address: _____ City: _____
 State: _____ Zip code: _____ Email: _____

Section 1 - Location information

1. Square footage of studio: _____
2. Age of the building: _____
3. Construction of the building: Brick Wood Concrete Metal
4. Is there a fire sprinkler system in the space? Yes No

Section 2 - Coverage limits

1. Replacement value of business personal property: _____
2. Replacement value of tenant improvement/build out: _____
3. Does your lease require you to insure and maintain the HVAC unit, if so how much: \$ _____
4. Do you need increased limits per your lease? Yes No If yes: How much: \$ _____
5. Do you want a workers comp quote? Yes No
 If yes: FEIN: _____ Annual payroll: \$ _____

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. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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.

Signature: _____ Date: _____