



Markel Insurance Company

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 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

Premises Information 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	
Total		\$			
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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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: _____