



Markel Insurance Company

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Email applications to: healthandfitness@markelcorp.com
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Property Supplement

Markel Agent Number: _____

Business Name: _____

Submission or policy number: _____

Section 1 - General Information

- Location Address: _____ City: _____ County: _____
State: _____ Zip Code: _____
- Desired effective date: _____

Section 2 - Insurance Information

- Is the property currently insured? Yes No
If yes, annual premium: \$_____ Insurance Company name (not agency): _____
- Have you had any claims in the last five years? Yes No
 - If yes, have you had more than three claims in one year? Yes No
 - Has any one claim been greater than \$5,000? Yes No
- Any prior coverage been cancelled (other than non-pay) or non-renewed in the last five (5) years? Yes No
If yes, explain: _____

Section 3 - 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: For additional buildings, complete the Property Additional Buildings Form.

Section 4 - Cooking Check here if no cooking on premises.

1. Explain extent of food service: _____
2. Is there deep-fat frying or grilling? Yes No
3. Is there an ansul system? Yes No
4. Is there an automatic fuel shut-off device? Yes No
5. How frequently do you clean the hood/duct system? Daily Weekly Monthly Other: _____
6. Does a professional service clean the hood and duct system at least annually? Yes No

Section 5 - Signs (Optional Coverage) Check here if coverage is not desired.

Value of each sign	Sign Type
\$	<input type="checkbox"/> Indoor or Outdoor <input type="checkbox"/> Attached <input type="checkbox"/> Free standing
\$	<input type="checkbox"/> Indoor or Outdoor <input type="checkbox"/> Attached <input type="checkbox"/> Free standing
\$	<input type="checkbox"/> Indoor or Outdoor <input type="checkbox"/> Attached <input type="checkbox"/> Free standing

Section 6 - Inland Marine (Optional Coverage)

A. Computer Systems Check here if coverage is not desired.

1. Limits:

Coverage	Limits
Hardware	\$
Software	\$
Transit	\$
Extra Expense	\$
Laptops/tablets: Number of devices: _____	\$

2. Are surge protectors connected to all hardware? Yes No
3. Is anti-viral software installed and updated regularly? Yes No
4. How often is data backed up? Daily Weekly Monthly Other, explain: _____

B. Miscellaneous Articles Check here if coverage is not desired.

This coverage is primarily for property that is mobile or portable and regularly used away from your premises, such as theatrical property (other than costumes), martial arts gear, etc.

1. Describe type of property: _____
2. Total limit of all items combined \$_____
3. Is any property rented to or from others? Yes No
If yes, what type? _____
4. Scheduled Property - Please list all items to be insured and assign a value to each.

Item #	Description of Item	Date Purchased	Limit of Insurance

Section 7 - Crime (Optional Coverages)

A. Employee Theft and Forgery Coverage Check here if coverage is not desired.

1. Limits desired: Employee Theft: \$_____ Forgery: \$_____
2. Total number of employees: _____
3. Number of employees who handle money, including owners and officers: _____
4. Does your Employee Retirement Plan need to be added to the policy to meet ERISA laws? Yes No
a. If yes, how many employees participate in the plan? _____
b. Plan Name: _____
5. Does anyone other than the owners and officers sign checks? Yes No
If yes, is more than one signature required for all checks? Yes No
6. Does a CPA audit your books at least annually? Yes No

B. Money and Securities Coverage Check here if coverage is not desired.

1. Limits desired: On premises: \$_____ Off premises: \$_____
2. How many messengers take money to the bank daily? _____
3. Do you have a safe? Yes No

Section 8 - Additional Interest

Interest Type	Name and Address	As respects item:
Additional Insured		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other: _____
Loss Payee		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other: _____
Mortgagee		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other: _____
Lienholder		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other: _____
Other: _____		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other: _____
Certificate of Insurance required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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: _____