



UMBRELLA APPLICATION

P.O. Box 2009, Glen Allen, VA 23058-2009
 800-900-1155 Fax: 804-273-6144
 healthandfitness@markelcorp.com

Section I – General Information

Name, as it should appear on the policy: _____
 Owner's Name: _____ E-mail: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: (____) _____ Web site: _____

Section VIII – Umbrella Section

- Umbrella Limit (*Each Occurrence*): \$1 million \$2 million \$3 million \$4 million \$5 million Other \$ _____
- Complete the following about your primary commercial coverages:

Type	Insurance Carrier & Policy Number	Policy Effective Date	Policy Expiration Date	Policy Limits	Annual Renewal Premium
Automobile Liability <input type="checkbox"/> Hired <input type="checkbox"/> Non-owned				Combined Limit Each Accident \$ _____	
Employers Liability				Each Accident: \$ _____ Disease: Each Employee: \$ _____ Policy Limit: \$ _____	
Other: _____				\$ _____	

- Do you have any of the following exposures:

Exposure	Yes or No	Currently Insured	If insured, with whom?
General Liability (with another carrier)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aircraft Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vendors Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional Liability (with another carrier)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Care, Custody, Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Watercraft Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foreign Liability/Travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Liquor Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

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. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

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.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____

PLEASE NOTE:

- Markel Insurance Company writes Property, Business Income, Sign, Inland Marine, Crime and Umbrella coverages as an addition to General Liability coverage only.
- Please include Claims Experience ("loss runs") from your current insurer with your application.