



MARKEL INSURANCE COMPANY

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(804) 527-2700 (800) 900-1155 Fax (804) 273-6144
www.markelinsurance.com

Property, Business Income, Sign, Inland Marine, Crime, Umbrella Application

(A separate application is required for each location)

Please complete Sections I, II and III, plus all sections that apply to the coverage(s) you wish to have quoted.

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 II – Business Information

Corporation Individual LLC Partnership Organization

Please indicate the desired effective date: ____/____/____
month / day / year

Street Address: _____

City: _____ State: _____ Zip: _____

Years in business: _____ Years at this location: _____

1. Do you own or rent facility? Own Rent If private residence, check here:

If renting, Landlord Name: _____

Landlord Mailing Address: _____

2. Do you sublease space? Yes No

If Yes: a) To whom do you sublease? _____

b) For what purpose? _____

c) Do you require a Hold Harmless or Certificate of Insurance? Yes No
(If Yes, please attach a copy.)

Section III – Insurance Information

3. Is facility currently insured? Yes No

Insurance Company Name (*not agency*): _____

4. Please indicate annual premium paid for the following:

Coverage	Annual Premium
a) Property	\$ _____
b) Business Income	\$ _____
c) Inland Marine	\$ _____
d) Crime	\$ _____
e) Umbrella	\$ _____

5. Have any property, business income, inland marine, crime or umbrella claims been made in the last 4 years? Yes No

If Yes:	Type of Loss (Property, Crime, etc.)	Description of Loss	Amount of Loss
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Has similar insurance been canceled or declined in the last 5 years? Yes No

If Yes, explain: _____

Section IV – Property and Business Income (Complete a separate questionnaire for each building to be insured.)

1. Is there more than one building at this location? Yes No If Yes, complete information for each building separately.

2. Location Address: _____
City: _____ State: _____ Zip: _____

3. Building Value: \$ _____

- a) Coinsurance: 80% 90% 100%
- b) Deductible \$500 \$1,000 Other: \$ _____
- c) Perils: Basic Broad Special
- d) Valuation: Actual Cash Value (depreciated value) Replacement Cost (value must be adequate)

4. Tenants Improvements & Betterments: Value: \$ _____

(Permanently installed improvements you paid for in a building you rent from others.)

- a) Coinsurance: 80% 90% 100%
- b) Deductible \$500 \$1,000 Other: \$ _____
- c) Perils: Basic Broad Special
- d) Valuation: Actual Cash Value (depreciated value) Replacement Cost (value must be adequate)

5. Personal Property Value: \$ _____

- a) Coinsurance: 80% 90% 100%
- b) Deductible \$500 \$1,000 Other: \$ _____
- c) Perils: Basic Broad Special
- d) Valuation: Actual Cash Value (depreciated value) Replacement Cost (value must be adequate)

6. Loss of Earnings/Business Income Total Limit Desired: \$ _____

- a) Payable: 1/6 per month for 6 months 1/4 per month for 4 months 1/3 per month for 3 months
- b) Perils: Basic Broad Special

Building Information

- 7. a) Construction: Frame Brick Metal Concrete Block with Steel Frame
- b) Number of stories: _____
- c) Number of buildings: _____
- d) Square footage of building: _____
- e) Square footage you occupy: _____

8. Year built: _____

If over 20 years old, have any of the following been updated:

- a) Roof? Yes No If yes, Year: _____
- b) Plumbing? Yes No If yes, Year: _____
- c) Wiring? Yes No If yes, Year: _____
- d) Heating? Yes No If yes, Year: _____

9. List all occupants in the building: _____

10. List all occupants in adjacent properties: _____

11. Distance to nearest fire station in miles: _____ Distance to fire hydrant in feet: _____

12. Does building have a burglar alarm? Yes No If Yes: Local Central Station

13. Does building have a fire alarm? Yes No If Yes: Local Central Station

14. Does building have indoor sprinklers? Yes No If Yes: Partial Full (100%)

15. Is your facility part of a shopping center or mall? Yes No

16. What is the nearest body of water? _____ Distance in miles: _____

17. Is there cooking on the premises? Yes No

If Yes: a) Explain extent of food service: _____

- b) Is there: An ansul system? Yes No
- Deep-fat frying? Yes No
- An automatic fuel shut-off device? Yes No
- A grill? Yes No

c) How frequently is the hood/duct system cleaned? Daily Weekly Monthly Other _____

d) Does a professional service clean the hood and duct system? Yes No

If No, who cleans it? _____

Additional Interests

Interest	Name and Address	As Respects Item
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lien holder <input type="checkbox"/> Other _____		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other _____
<input type="checkbox"/> Certificate Required	Reference #	

Section V – Signs

Value of sign: \$ _____ a) Indoor or Outdoor b) Attached or Free-standing

Value of sign: \$ _____ a) Indoor or Outdoor b) Attached or Free-standing

Section VI – Inland Marine

A. Accounts Receivable: Limit: \$ _____

- Building construction: Frame Brick Metal Concrete Block with Steel Frame
- Is building sprinklered? Yes No
- Accounts receivable records are kept in: Metal file cabinet Safe Vault

B. Valuable Papers: Are duplicate records kept at a separate location? Yes No
 Limit: \$ _____
 Building construction: Frame Brick Metal Concrete Block with Steel Frame
 Is building sprinklered? Yes No
 Accounts receivable records are kept in: Metal file cabinet Safe Vault
 Are duplicate records kept at a separate location? Yes No

C. Computer Hardware & Software:

a) Limits for: Hardware: \$ _____ Transit: \$ _____
 Software: \$ _____ Extra Expense: \$ _____
 b) Deductible: \$500 \$1000 Other: \$ _____
 c) Are power surge protectors connected to all hardware? Yes No
 d) Is anti-viral software installed and updated regularly? Yes No
 e) Do you have a service maintenance agreement? Yes No
 f) Do you have an arrangement for the use of other equipment in the event of a total loss? Yes No
 g) Do you keep duplicates of all software at a separate location? Yes No
 h) How often is data backed up? Daily Weekly Monthly Other _____

D. Miscellaneous Property and Equipment:

(These are primarily items that are mobile or portable and regularly used away from your premises, such as theatrical property (other than costumes), martial arts gear, etc.)

a) Type of property (describe): _____
 b) Total limit of all items combined \$ _____
 c) Deductible: \$500 \$1000 Other \$ _____
 d) Is any equipment rented to or from others? Yes No If so, what type? _____
 e) Coinsurance: 80% 90% 100%

Scheduled Equipment – Please list all items to be insured and assign a value to each:

Item #	Description of Item	Date Purchased	Limit of Insurance

E. Additional Interests

Interest	Name and Address	As Respects Item
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder <input type="checkbox"/> Other _____		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other _____
<input type="checkbox"/> Certificate Required	Reference #	

Section VII – Crime Section

A. Employee Theft and Forgery Coverage

1. a) Limits desired: Employee Theft: \$5,000 \$10,000 Other \$ _____
 Forgery: \$5,000 \$10,000 Other \$ _____
 b) Deductible (*applies to each of the above*): \$500 \$1000 Other \$ _____
2. Total number of employees: _____
3. Number of employees who handle money (including owners & officers): _____
4. Does your employee retirement plan need to be added to the policy to meet ERISA laws? Yes No
 If Yes: a) How many employees participate in the plan? _____
 b) Name of the plan: _____
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

7. a) Money & Security Limits: On premises: \$5,000 \$10,000 Other \$ _____
 Off premises: \$5,000 \$10,000 Other \$ _____
 b) Deductible (*applies to each of the above*): \$500 \$1000 Other \$ _____
8. How many messengers take money to the bank daily? _____ Are they guarded? Yes No
9. What is the maximum amount of cash kept on premises at any one time? \$ _____
10. Do you have a safe? Yes No If Yes: Classification rating (*A, B, C, etc.*): _____
11. Does building have a burglar alarm? Yes No If Yes: Local Central Station

Section VIII – Umbrella Section

12. Umbrella Limit (*Each Occurrence*): \$1 million \$2 million \$3 million \$4 million \$5 million Other \$ _____
13. 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 <i>(for Health & Swim Clubs only)</i> <input type="checkbox"/> Hired <input type="checkbox"/> Non-owned				Combined Limit Each Accident \$ _____	
Employers Liability				Each Accident: \$ _____ Disease: Each Employee: \$ _____ Policy Limit: \$ _____	
Other: _____				\$ _____	

14. Do you have any of the following exposures:

If Yes, check if currently insured:

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| a) General Liability (with another carrier)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| b) Aircraft Liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| c) Vendors Liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| d) Professional Liability (with another carrier)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| e) Care, Custody, Control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| f) Watercraft Liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| g) Foreign Liability/Travel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| h) Liquor Liability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

How did you hear about us? *(Check one)*

Previously Insured with Markel

Magazine Ad *(specify):* _____ Referred by: _____

Web site/search engine: _____ Other *(specify):* _____

Agency Information

Agency Name: _____ Contact: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

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.