



PO Box 3870, Glen Allen, VA 23058-3870  
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 www.markelinsurance.com

## Property, Inland Marine, and Crime Application

(A separate application is required for each location)

### 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: \_\_\_\_\_

Location address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate deductible for all coverages:  \$500  \$1,000

### Section II – Property - For Insureds Who Do Not Own the Building

Tenants Improvements & Betterments: \$ \_\_\_\_\_ Coinsurance: \$ \_\_\_\_\_ %

Personal Property Value: \$ \_\_\_\_\_ Business Income Limit: \$ \_\_\_\_\_

Year built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ # of Stories: \_\_\_\_\_ # of Buildings: \_\_\_\_\_

Construction of building:  Frame  Brick  Metal  Concrete with Steel Frame

Year of building improvements: Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_

Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

Type of Alarm, if any: \_\_\_\_\_

Distance to nearest fire station in miles: \_\_\_\_\_ Distance to fire hydrant in feet: \_\_\_\_\_ Is building sprinklered? \_\_\_\_\_

Mortgagee  Loss Payee: \_\_\_\_\_

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

### Section III – Inland Marine

#### Computer Hardware & Software:

Limits for: Hardware: \$ \_\_\_\_\_ Software: \$ \_\_\_\_\_ Laptop: \$ \_\_\_\_\_  
 Transit: \$ \_\_\_\_\_ Extra Expense \$ \_\_\_\_\_ Co-Insurance: \_\_\_\_\_ %

1. Are power surge protectors connected in all hardware?  Yes  No
2. Is anti-viral software installed and updated regularly?  Yes  No
3. Do you have a service maintenance agreement?  Yes  No
4. Do you have an arrangement for the use of other equipment in the event of a total loss?  Yes  No
5. Do you keep duplicates of all software at a separate location?  Yes  No
6. How often is data backed up? \_\_\_\_\_

**Miscellaneous Equipment:**

Total Limit: \$ \_\_\_\_\_

1. Is any equipment rented to and from other?  Yes  No

If so, what type? \_\_\_\_\_

2. Loss Payee: \_\_\_\_\_

*Please attach a list of equipment with limit for each.*

**Section IV – Crime**

Employee dishonesty limit: \$ \_\_\_\_\_

Money & securities on premises limit: \$ \_\_\_\_\_

Money & securities off premises limit: \$ \_\_\_\_\_

1. Audit frequency?  Annual  Semi-Annual  Quarterly  Other: \_\_\_\_\_

2. Are bank accounts reconciled by someone not authorized to deposit or withdrawal?  Yes  No

3. Is countersignature of checks required?  Yes  No

4. Will securities be subject to joint control of two or more responsible employees?  Yes  No

5. Are all officers and employees required to take annual vacations of at least five consecutive business days?  Yes  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:** An investigative consumer report may be requested by the insured to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:**

- Please include Claims Experience ("loss runs") from your current insurer with your application.