

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Are cabins  owned or  leased?      2. Number of cabins available for guests: \_\_\_\_\_
3. Total receipts from cabin rental: \$ \_\_\_\_\_      4. Do you allow  **smoking and/or**  **cooking** in cabins?  Yes  No

5. Cabin Liability Information	Cabin # _____ / Loc. # _____	Cabin # _____ / Loc. # _____	Cabin # _____ / Loc. # _____
<b>Protection Features</b>	<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Smoke Alarm-Battery or Hard Wired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Lightning Rods- UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> Central Station Alarm	<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Smoke Alarm-Battery or Hard Wired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Lightning Rods- UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> Central Station Alarm	<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Smoke Alarm-Battery or Hard Wired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Lightning Rods- UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> Central Station Alarm
<b>Maximum capacity in each cabin:</b>	_____	_____	_____
<b>Year Built</b>	_____	_____	_____
<b>Renovation Update</b> Year of all updates. Write N/A if no heating, plumbing and/or electricity in building.	Heating: _____ <input type="checkbox"/> None Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
<b>Building Type:</b>	<input type="checkbox"/> Manufactured <input type="checkbox"/> Portable <input type="checkbox"/> Permanent	<input type="checkbox"/> Manufactured <input type="checkbox"/> Portable <input type="checkbox"/> Permanent	<input type="checkbox"/> Manufactured <input type="checkbox"/> Portable <input type="checkbox"/> Permanent

6. Does applicant want:  **property insurance**  **mechanical breakdown**  **business income**: \$ \_\_\_\_\_?  Yes  No  
 (If yes, please complete information below.)

Limit of Insurance	\$	\$	\$
<b>Total Square Footage</b>	_____	_____	_____
<b>Building</b>	Height: _____ ft.	Height: _____ ft.	Height: _____ ft.
<b>Construction</b> (Frame of Building)	<input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other: _____
<b>Exterior Wall Type</b>	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____
<b>Roof Type</b>	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____
<b>Heat Type</b> List all that apply.	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater <input type="checkbox"/> Other: _____ <b>* Complete Wood Stove Supplement.</b>	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater <input type="checkbox"/> Other: _____ <b>* Complete Wood Stove Supplement.</b>	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater <input type="checkbox"/> Other: _____ <b>* Complete Wood Stove Supplement.</b>
<b>Cooling Type</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
<b>Floor</b>	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____

- Provide photos and diagram showing all cabins on the premises and distance in feet between them. This information is required prior to binding.
- If more than 3 cabins, please duplicate this form.

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.  
 This supplement becomes part of your application and must be signed and dated.**

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

Broker's Name: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_