

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

- Is clubhouse / lodge: owned **or** leased?
- Maximum occupancy of clubhouse / lodge: _____
- Number of buildings available for guests' lodging: _____
- Total receipts from lodging: \$ _____
- Do you allow smoking **and/or** cooking in buildings? Yes No

6. Liability Information	Building # _____ / Loc. # _____ <input type="checkbox"/> Clubhouse <input type="checkbox"/> Cabin <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Other: _____	Building # _____ / Loc. # _____ <input type="checkbox"/> Clubhouse <input type="checkbox"/> Cabin <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Other: _____	Building # _____ / Loc. # _____ <input type="checkbox"/> Clubhouse <input type="checkbox"/> Cabin <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Other: _____
Protection Features	<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"/> UL Approved Lightning Rods <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"/> UL Approved Lightning Rods <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"/> UL Approved Lightning Rods <input type="checkbox"/> Central Station Alarm
Maximum capacity in each building:	_____	_____	_____
Year Built	_____	_____	_____
Renovation Update 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
Building Type:	<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

 7. Does applicant want: property insurance mechanical breakdown? Yes No (If yes, please complete information below.)

Limit of Insurance	\$ _____	\$ _____	\$ _____
Total Square Footage	_____	_____	_____
Building	Height: _____ ft.	Height: _____ ft.	Height: _____ ft.
Construction (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: _____
Exterior Wall Type	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Other: _____ <input type="checkbox"/> Brick/Stone Veneer	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Other: _____ <input type="checkbox"/> Brick/Stone Veneer	<input type="checkbox"/> Wood/Log <input type="checkbox"/> Other: _____ <input type="checkbox"/> Brick/Stone Veneer
Roof Type	<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: _____
Heat Type List all that apply. * Complete Wood Stove Supplement.	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Portable Heater <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Portable Heater <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Portable Heater <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Other: _____
Cooling Type	<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: _____
Floor	<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 diagram showing all buildings on the premises (whether insured or not) and distance in feet between them.
- Label all buildings and attach a dated photograph of the inside and outside of each building. This information is required prior to binding.
- If more than 3 buildings, 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: _____