

Applicants Name: _____

Date: _____

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

	Dwelling – 1 (includes modular) Location # ____	Dwelling – 2 (includes modular) Location # ____	Mobile Home (manufactured) * Location # ____ Photos Required.
Limit of Insurance	\$ _____	\$ _____	\$ _____
Appurtenant Structure (Detached Garage Only)	\$ _____	\$ _____	Make: _____ Model: _____
Household Contents (Applicant's Only)	\$ _____	\$ _____	\$ _____
Loss of Use	\$ _____	\$ _____	\$ _____
Dwelling/Household Contents (Covered Cause of Loss)	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special
Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Families			
Occupancy	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal
Occupied By	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
Year Built			
Renovation Update Year of all updates.	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
Number of Stories			
Total Square Footage (Exclude garage)			Dimensions: ____ ft. X ____ ft.
Construction (Frame of Building)	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	Permanent foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Tie downs meet building code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No # of tie downs: _____
Roof Type	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Other: _____	Skirting <input type="checkbox"/> None Type: _____
House Siding	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Other: _____
Number of:	Chimney(s)____ Fireplace(s)____	Chimney(s)____ Fireplace(s)____	Chimney(s)____ Fireplace(s)____

	Dwelling – 1 (includes modular) Location # ____	Dwelling – 2 (includes modular) Location # ____	Mobile Home (manufactured) * Location # ____ Photos Required.
Number of Baths	½ Baths: ____ Full Baths: ____	½ Baths: ____ Full Baths: ____	½ Baths: ____ Full Baths: ____
Additions If other, attach additional information.	<input type="checkbox"/> Breezeway Sq.Ft. ____ <input type="checkbox"/> Balcony / Decks Sq.Ft. ____ <input type="checkbox"/> Room Additions Sq.Ft. ____	<input type="checkbox"/> Breezeway Sq.Ft. ____ <input type="checkbox"/> Balcony / Decks Sq.Ft. ____ <input type="checkbox"/> Room Additions Sq.Ft. ____	<input type="checkbox"/> Breezeway Sq.Ft. ____ <input type="checkbox"/> Balcony / Decks Sq.Ft. ____ <input type="checkbox"/> Room Additions Sq.Ft. ____
Garage Sq. Ft. ____ Basement Sq. Ft. ____ Attic Sq. Ft. ____	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None
Heat Type List all that apply. *Supplement required. Contact company.	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump-BTUs _____ <input type="checkbox"/> Other: _____
Air Conditioning	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	<input type="checkbox"/> Central BTU's _____ <input type="checkbox"/> Window Unit _____ <input type="checkbox"/> Other: _____
Protection Features	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> UL Approved Lightning Rods

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: _____