

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

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

**If the insured occupies historic buildings, the following supplement must be completed.**

**\*Must attach a building appraisal not more than 3 years old.**

## I. Historic Buildings

1. a. Is this building listed on the National Register of Historic Places?
- b. Are replacement buildings materials available locally?
- c. Will local ordinances allow the building to be rebuilt at the same location?
- d. Has the building been completely restored?
- e. If not completely restored, what percentage of the building has been restored?
- f. What is the target date for complete restoration?
- g. Is the building currently under construction/being restored?
- h. If yes to current construction/restored, what percentage of the building is under construction / being restored?
- i. Is the building ADA compliant?

Building # _____ Loc. # _____	Building # _____ Loc. # _____	Building # _____ Loc. # _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ %	_____ %	_____ %
____/____/____	____/____/____	____/____/____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ %	_____ %	_____ %
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. a. Is your water supply public or private?  Public  Private

b. If private, describe water source: \_\_\_\_\_

3. a. Are there fireplaces in any guest rooms?  Yes  No
- b. If yes, are guests allowed to work the fireplaces themselves?  Yes  No
- c. Are screens placed in front of each fireplace?  Yes  No
- d. How often are fireplaces cleaned: \_\_\_\_\_

4. a. Do any guest rooms have kitchens or kitchenettes?  Yes  No
- b. If yes, are fire extinguishers provided?  Yes  No

5. a. Is smoking allowed on the property?  Yes  No
- b. If yes, describe smoking rules and areas: \_\_\_\_\_

6. If your business is seasonal, describe winterization procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## II. Facilities and Guest Activities

1. For all activities provided at or by the facility, including equipment rental, are waivers signed by all guests who will be using the facilities or equipment?  Yes  No
2. a. Are cribs provided?  Yes  No
- b. If yes, do they meet all current government safety standards?  Yes  No
3. Are any of the activities offered to non-guests or the public?  Yes  No
4. For all activities guided by subcontractors, are certificates of insurance obtained?  Yes  No

**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: \_\_\_\_\_