



9. Property Information

a. Does applicant want property insurance?  Yes  No (If yes, please complete information below.)

b. Please include  mechanical breakdown,  business income: \$ \_\_\_\_\_ in my quote with property insurance.

<b>Limit of Insurance</b>	\$ _____	\$ _____	\$ _____
<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>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 buildings on the premises and distance in feet between them. 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: \_\_\_\_\_

4600 Cox Road, Glen Allen, VA 23060-9817 Phone: (800) 431-1270 Fax: (804) 527-7966  
Website: [www.markeloutdoors.com](http://www.markeloutdoors.com) Email: outdoorapps@markelcorp.com