

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

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

**1. Type of function:**

- |  |                  |                                       |                  |
|--|------------------|---------------------------------------|------------------|
| <input type="checkbox"/> Classes         | Number of: _____ | <input type="checkbox"/> Weddings     | Number of: _____ |
| <input type="checkbox"/> Conferences     | Number of: _____ | <input type="checkbox"/> Workshop     | Number of: _____ |
| <input type="checkbox"/> Private Parties | Number of: _____ | <input type="checkbox"/> Other: _____ | Number of: _____ |
| <input type="checkbox"/> Seminar         | Number of: _____ | <input type="checkbox"/> Other: _____ | Number of: _____ |

 2. What is the maximum number of guests at any one function?  Under 50;  50–300;  300–1,000;  Over 1,000

 3. What is the average number of guests at any one function?  Under 50;  50–300;  300–1,000;  Over 1,000

 4. How many exits are provided in the function room?  1;  2;  3;  4

 5. Functions are held in:  dining room;  lodge;  outside;  other: \_\_\_\_\_

 6. a. Are all electrical feeds and outlets inspected before and after the functions to check for fraying or other damage?  Yes  No

b. If yes, who is responsible for the inspection? \_\_\_\_\_

 7. a. Do guests at these functions generally stay overnight at the ranch?  Yes  No

b. If yes, what is the minimum stay requirement? \_\_\_\_\_

 8. a. Is food provided to guests during the function?  Yes  No

 b. If yes, is food provided by the  ranch and/or a  catering service\*?  Yes  No

 9. a. Is alcohol provided by  ranch and/or  catering service\*?

 b. Are guest allowed to bring their own alcohol?  Yes  No

**\*If a catering service is used, we will require a Certificate of Insurance providing proof of insurance with an admitted, A-rated carrier or better carrying liability limits equal to or higher than your own.**

 10. Do you request a certificate of insurance from the group sponsoring the function?  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: \_\_\_\_\_

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