

Applicants Name: _____ Date: _____

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

1. Overnight stays are in: clubhouse/lodge; cabins; dwelling; other: _____; no overnight stay
2. Are buildings: owned or leased?
3. Number of buildings available for lodging: _____
4. Total receipts from lodging: \$ _____ None
5. Do you allow smoking and/or cooking in buildings? Yes No

6. **Dwelling Information** No Exposure

- a. Dwelling is owned in: Personal Name Business Name
- b. Does the dwelling meet local, county commercial lodging code? Yes No
- c. Where are sleeping accommodations: Main Level 2nd Level Basement Other: _____
- d. Do all sleeping quarters have: 2 means of egress Marked exit signs Smoke alarms in rooms
 Easily accessible fire extinguisher on each floor Posted evacuation plan in each room
- e. Does the dwelling have cooking facilities? Yes No
- f. Is there a currently tagged and fully charged fire extinguisher in the cooking area? Yes No
- g. Are food safety and sanitation procedures followed per county or state health code? Yes No

7. Liability Information	Building # _____ / Loc. # _____ <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Clubhouse/Lodge <input type="checkbox"/> Cabin <input type="checkbox"/> Other: _____	Building # _____ / Loc. # _____ <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Clubhouse/Lodge <input type="checkbox"/> Cabin <input type="checkbox"/> Other: _____	Building # _____ / Loc. # _____ <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Clubhouse/Lodge <input type="checkbox"/> Cabin <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"/> Electric Baseboard <input type="checkbox"/> Portable Heater <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater <input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas / Oil <input type="checkbox"/> None <input type="checkbox"/> Wood Stove* <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Heater <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"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes <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"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes <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"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> Central Station Alarm
Sleeping Capacity	_____	_____	_____
Year Built	_____	_____	_____
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
Renovation Update Year of all updates. Write N/A if no heating, plumbing and/or electricity in building.	Heating: _____ <input type="checkbox"/> No Update Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> No Update Wiring: _____ <input type="checkbox"/> No Update	Heating: _____ <input type="checkbox"/> No Update Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> No Update Wiring: _____ <input type="checkbox"/> No Update	Heating: _____ <input type="checkbox"/> No Update Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> No Update Wiring: _____ <input type="checkbox"/> No Update

8. 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.

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"/> 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: _____
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: _____
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 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 Email: outdoorapps@markelcorp.com