



**MARKEL
INSURANCE
COMPANY**

**PROPERTY, INLAND MARINE, and CRIME
Application**

(A separate application is required for each location)

P.O. Box 2009, Glen Allen, VA 23058-2009
800-900-1155 Fax: 804-273-6144
healthandfitness@markelcorp.com

Section I – General Information

Name, as it should appear on the policy: _____

Owner's Name: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Web site: _____

Location address (if different from above): _____

City: _____ State: _____ Zip: _____

Please indicate deductible for all coverages: \$500 \$1,000

Section II – Property - For Insureds Who Do Not Own the Building

Tenants Improvements & Betterments: \$ _____ Coinsurance: \$ _____ %

Personal Property Value: \$ _____ Business Income Limit: \$ _____

Year built: _____ Square Footage: _____ # of Stories: _____ # of Buildings: _____

Construction of building: Frame Brick Metal Concrete with Steel Frame

Year of building improvements: Wiring: _____ Roofing: _____

Plumbing: _____ Heating: _____

Type of Alarm, if any: _____

Distance to nearest fire station in miles: _____ Distance to fire hydrant in feet: _____ Is building sprinklered? _____

Mortgagee Loss Payee: _____

Is your facility part of a shopping center or mall? Yes No

Section III – Inland Marine

Computer Hardware & Software:

Limits for: Hardware: \$ _____ Software: \$ _____ Laptop: \$ _____
Transit: \$ _____ Extra Expense \$ _____ Co-Insurance: _____ %

1. Are power surge protectors connected in all hardware? Yes No
2. Is anti-viral software installed and updated regularly? Yes No
3. Do you have a service maintenance agreement? Yes No
4. Do you have an arrangement for the use of other equipment in the event of a total loss? Yes No
5. Do you keep duplicates of all software at a separate location? Yes No
6. How often is data backed up? _____

Miscellaneous Equipment:

Total Limit: \$ _____

1. Is any equipment rented to and from other? Yes No

If so, what type? _____

2. Loss Payee: _____

Please attach a list of equipment with limit for each.

Section IV – Crime

Employee dishonesty limit: \$ _____

Money & securities on premises limit: \$ _____

Money & securities off premises limit: \$ _____

1. Audit frequency? Annual Semi-Annual Quarterly Other: _____

2. Are bank accounts reconciled by someone not authorized to deposit or withdrawal? Yes No

3. Is countersignature of checks required? Yes No

4. Will securities be subject to joint control of two or more responsible employees? Yes No

5. Are all officers and employees required to take annual vacations of at least five consecutive business days? Yes No

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____

PLEASE NOTE: Please include Claims Experience ("loss runs") from your current insurer with your application.