



**MARKEL  
INSURANCE  
COMPANY**

**PROPERTY, BUSINESS INCOME, SIGN,  
INLAND MARINE, CRIME, UMBRELLA 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

*Please complete Sections I, II and III, plus all sections that apply to the coverage(s) you wish to have quoted.*

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

**Section II – Business Information**

Corporation     Individual     LLC     Partnership     Organization

Please indicate the desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years in business: \_\_\_\_\_ Years at this location: \_\_\_\_\_

1. Do you own or rent facility?     Own     Rent    If private residence, check here:

If renting, Landlord Name: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

2. Do you sublease space?     Yes     No

If Yes: a) To whom do you sublease? \_\_\_\_\_

b) For what purpose? \_\_\_\_\_

c) Do you require a Hold Harmless or Certificate of Insurance?     Yes     No  
(If Yes, please attach a copy.)

**Section III – Insurance Information**

3. Is facility currently insured?     Yes     No

Insurance Company Name (not agency): \_\_\_\_\_

4. Please indicate annual premium paid for the following:

Coverage	Annual Premium
a) Property	\$ _____
b) Business Income	\$ _____
c) Inland Marine	\$ _____
d) Crime	\$ _____
e) Umbrella	\$ _____

5. Have any property, business income, inland marine, crime or umbrella claims been made in the last 4 years?  Yes  No

If Yes:	Type of Loss (Property, Crime, etc.)	Description of Loss	Amount of Loss
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Has similar insurance been canceled or declined in the last 5 years?  Yes  No

If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**Section IV – Property and Business Income (Complete a separate questionnaire for each building to be insured.)**

1. Is there more than one building at this location?  Yes  No **If Yes, complete information for each building separately.**

2. Location Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Building Value: \$ \_\_\_\_\_

a) Coinsurance:  80%  90%  100%

b) Deductible  \$500  \$1,000  Other: \$ \_\_\_\_\_

c) Perils:  Basic  Broad  Special

d) Valuation:  Actual Cash Value (depreciated value)  Replacement Cost (value must be adequate)

4. Tenants Improvements & Betterments: Value: \$ \_\_\_\_\_  
*(Permanently installed improvements you paid for in a building you rent from others.)*

a) Coinsurance:  80%  90%  100%

b) Deductible  \$500  \$1,000  Other: \$ \_\_\_\_\_

c) Perils:  Basic  Broad  Special

d) Valuation:  Actual Cash Value (depreciated value)  Replacement Cost (value must be adequate)

5. Personal Property Value: \$ \_\_\_\_\_

a) Coinsurance:  80%  90%  100%

b) Deductible  \$500  \$1,000  Other: \$ \_\_\_\_\_

c) Perils:  Basic  Broad  Special

d) Valuation:  Actual Cash Value (depreciated value)  Replacement Cost (value must be adequate)

6. Loss of Earnings/Business Income Total Limit Desired: \$ \_\_\_\_\_

a) Payable:  1/6 per month for 6 months  1/4 per month for 4 months  1/3 per month for 3 months

b) Perils:  Basic  Broad  Special

**Building Information**

7. a) Construction:  Frame  Brick  Metal  Concrete Block with Steel Frame

b) Number of stories: \_\_\_\_\_

c) Number of buildings: \_\_\_\_\_

d) Square footage of building: \_\_\_\_\_

e) Square footage you occupy: \_\_\_\_\_



**B. Valuable Papers:** Are duplicate records kept at a separate location?  Yes  No  
 Limit: \$ \_\_\_\_\_  
 Building construction:  Frame  Brick  Metal  Concrete Block with Steel Frame  
 Is building sprinklered?  Yes  No  
 Accounts receivable records are kept in:  Metal file cabinet  Safe  Vault  
 Are duplicate records kept at a separate location?  Yes  No

**C. Computer Hardware & Software:**

a) Limits for: Hardware: \$ \_\_\_\_\_ Transit: \$ \_\_\_\_\_  
 Software: \$ \_\_\_\_\_ Extra Expense: \$ \_\_\_\_\_  
 b) Deductible:  \$500  \$1000  Other: \$ \_\_\_\_\_  
 c) Are power surge protectors connected to all hardware?  Yes  No  
 d) Is anti-viral software installed and updated regularly?  Yes  No  
 e) Do you have a service maintenance agreement?  Yes  No  
 f) Do you have an arrangement for the use of other equipment in the event of a total loss?  Yes  No  
 g) Do you keep duplicates of all software at a separate location?  Yes  No  
 h) How often is data backed up?  Daily  Weekly  Monthly  Other \_\_\_\_\_

**D. Miscellaneous Property and Equipment:**

*(These are primarily items that are mobile or portable and regularly used away from your premises, such as theatrical property (other than costumes), martial arts gear, etc.)*

a) Type of property (describe): \_\_\_\_\_  
 b) Total limit of all items combined \$ \_\_\_\_\_  
 c) Deductible:  \$500  \$1000  Other \$ \_\_\_\_\_  
 d) Is any equipment rented to or from others?  Yes  No If so, what type? \_\_\_\_\_  
 e) Coinsurance:  80%  90%  100%

**Scheduled Equipment – Please list all items to be insured and assign a value to each:**

Item #	Description of Item	Date Purchased	Limit of Insurance

**E. Additional Interests**

Interest	Name and Address	As Respects Item
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lienholder <input type="checkbox"/> Other _____		<input type="checkbox"/> Building <input type="checkbox"/> Personal Property <input type="checkbox"/> Other _____
<input type="checkbox"/> Certificate Required	Reference #	

**Section VII – Crime Section**

**A. Employee Theft and Forgery Coverage**

1. a) Limits desired: Employee Theft:  \$5,000  \$10,000  Other \$ \_\_\_\_\_  
 Forgery:  \$5,000  \$10,000  Other \$ \_\_\_\_\_  
 b) Deductible (*applies to each of the above*):  \$500  \$1000  Other \$ \_\_\_\_\_
2. Total number of employees: \_\_\_\_\_
3. Number of employees who handle money (including owners & officers): \_\_\_\_\_
4. Does your employee retirement plan need to be added to the policy to meet ERISA laws?  Yes  No  
 If Yes: a) How many employees participate in the plan? \_\_\_\_\_  
 b) Name of the plan: \_\_\_\_\_
5. Does anyone other than the owners and officers sign checks?  Yes  No  
 If Yes: Is more than one signature required for all checks?  Yes  No
6. Does a CPA audit your books at least annually?  Yes  No

**B. Money and Securities Coverage**

7. a) Money & Security Limits: On premises:  \$5,000  \$10,000  Other \$ \_\_\_\_\_  
 Off premises:  \$5,000  \$10,000  Other \$ \_\_\_\_\_  
 b) Deductible (*applies to each of the above*):  \$500  \$1000  Other \$ \_\_\_\_\_
8. How many messengers take money to the bank daily? \_\_\_\_\_ Are they guarded?  Yes  No
9. What is the maximum amount of cash kept on premises at any one time? \$ \_\_\_\_\_
10. Do you have a safe?  Yes  No If Yes: Classification rating (*A, B, C, etc.*): \_\_\_\_\_
11. Does building have a burglar alarm?  Yes  No If Yes:  Local  Central Station

**Section VIII – Umbrella Section**

12. Umbrella Limit (*Each Occurrence*):  \$1 million  \$2 million  \$3 million  \$4 million  \$5 million  Other \$ \_\_\_\_\_
13. Complete the following about your primary commercial coverages:

Type	Insurance Carrier & Policy Number	Policy Effective Date	Policy Expiration Date	Policy Limits	Annual Renewal Premium
<b>Automobile Liability</b> <i>(for Health &amp; Swim Clubs only)</i> <input type="checkbox"/> Hired <input type="checkbox"/> Non-owned				Combined Limit Each Accident \$ _____	
<b>Employers Liability</b>				Each Accident: \$ _____ Disease: Each Employee: \$ _____ Policy Limit: \$ _____	
<b>Other:</b> _____				\$ _____	

14. Do you have any of the following exposures:

If Yes, check if currently insured:

- |   |                              |                             |                          |
|---|------------------------------|-----------------------------|--------------------------|
| a) General Liability (with another carrier)?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| b) Aircraft Liability?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| c) Vendors Liability?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| d) Professional Liability (with another carrier)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| e) Care, Custody, Control?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| f) Watercraft Liability?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| g) Foreign Liability/Travel?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| h) Liquor Liability?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

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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 \_\_\_\_\_

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- How did you hear about us? (Check one)
- |   |  |
|---|--|
| <input type="checkbox"/> Previously Insured with Markel | <input type="checkbox"/> Conference: _____             |
| <input type="checkbox"/> <i>Dance Teacher</i> magazine  | <input type="checkbox"/> Web site/search engine: _____ |
| <input type="checkbox"/> Other: _____                   | <input type="checkbox"/> Referred by: _____            |

**PLEASE NOTE:**

- Markel Insurance Company writes Property, Business Income, Sign, Inland Marine, Crime and Umbrella coverages as an addition to General Liability coverage only.
- Please include Claims Experience ("loss runs") from your current insurer with your application.