



214 Key Drive, Suite 2000
 Madison, MS 39110
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Clubhouse / Lodge Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

1. Is clubhouse / lodge: owned or leased?
2. Maximum occupancy of clubhouse / lodge: _____
3. Number of buildings available for guests' lodging: _____
4. Total receipts from lodging: \$ _____
5. Do you allow smoking and/or cooking in buildings? Yes No

6. Liability Information	Building # _____ / Loc. # _____ <input type="checkbox"/> Clubhouse <input type="checkbox"/> Cabin <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Other: _____	Building # _____ / Loc. # _____ <input type="checkbox"/> Clubhouse <input type="checkbox"/> Cabin <input type="checkbox"/> Bunkhouse <input type="checkbox"/> Other: _____	Building # _____ / Loc. # _____ <input type="checkbox"/> Clubhouse <input type="checkbox"/> Cabin <input type="checkbox"/> Bunkhouse <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
Maximum capacity in each building:	_____	_____	_____
Year Built			
Renovation Update Year of all updates. Write N/A if no heating, plumbing and/or electricity in building.	Heating: _____ <input type="checkbox"/> None Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ <input type="checkbox"/> No Update Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
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

7. Does applicant want: property insurance mechanical breakdown? Yes No (If yes, please complete information below.)

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: _____
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: _____
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 diagram showing all buildings on the premises (whether insured or not) and distance in feet between them.
- Label all buildings and attach a dated photograph of the inside and outside of each building. 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 _____	Agent's Signature _____	Date _____
Agency Name: _____		Agency Phone Number: _____	