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Dwellings Supplement

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

	Dwelling – 1 (includes modular) Location # ____	Dwelling – 2 (includes modular) Location # ____	Mobile Home (manufactured)* Location # ____ Photos Required.
<i>Limit of Insurance</i>	\$	\$	\$
<i>Appurtenant Structure</i> (Detached Garage Only)	\$	\$	Make: _____ Model: _____
<i>Household Contents</i> (Applicant's Only)	\$	\$	\$
<i>Loss of Use</i>	\$	\$	\$
<i>Dwelling/Household Contents</i> (Covered Cause of Loss)	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special	<input type="checkbox"/> Basic/Basic <input type="checkbox"/> Special/Broad <input type="checkbox"/> Broad/Broad <input type="checkbox"/> Special/Special
<i>Replacement Cost</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number of Families</i>			
<i>Occupancy</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal
<i>Occupied By</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant
<i>Year Built</i>			
<i>Renovation Update</i> Year of all updates.	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None	Heating: _____ <input type="checkbox"/> None Roof: _____ Plumbing: _____ <input type="checkbox"/> None Wiring: _____ <input type="checkbox"/> None
<i>Number of Stories</i>			
<i>Total Square Footage</i> (Exclude garage)			Dimensions: ____ft. X ____ft.
<i>Construction</i> (Frame of Building)	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Other: _____	Permanent foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Tie downs meet building code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No # of tie downs: _____
<i>Roof Type</i>	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Cedar Shake <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____	<i>Skirting</i> <input type="checkbox"/> None Type: _____
<i>House Siding</i>	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood <input type="checkbox"/> Brick/Stone Veneer <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____
<i>Number of:</i>	Chimney(s) ____ Fireplace(s) ____	Chimney(s) ____ Fireplace(s) ____	Chimney(s) ____ Fireplace(s) ____
<i>Number of Baths</i>	½ Baths: ____ Full Baths: ____	½ Baths: ____ Full Baths: ____	½ Baths: ____ Full Baths: ____

	Dwelling – 1 (includes modular) Location # ____	Dwelling – 2 (includes modular) Location # ____	Mobile Home (manufactured) * Location # ____ Photos Required.
Additions If other, attach additional information.	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony / Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony / Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____	<input type="checkbox"/> Breezeway Sq.Ft. _____ <input type="checkbox"/> Balcony / Decks Sq.Ft. _____ <input type="checkbox"/> Room Additions Sq. Ft. _____
Garage Sq. Ft. ____ Basement Sq. Ft. ____ Attic Sq. Ft. ____	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> None
Heat Type List all that apply. *Supplement required. Contact company.	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wood Stove * / Insert <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Oil / Gas Furnace <input type="checkbox"/> Heat Pump – BTU's: _____ <input type="checkbox"/> Other: _____
Air Conditioning	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	Using: <input type="checkbox"/> Heat Ducts <input type="checkbox"/> Separate Ducts <input type="checkbox"/> Window Unit	<input type="checkbox"/> Central BTU's _____ <input type="checkbox"/> Window Unit _____ <input type="checkbox"/> Other:
Protection Features	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes	<input type="checkbox"/> Central Alarm <input type="checkbox"/> Smoke Alarm Battery or Hardwired <input type="checkbox"/> Smoke Alarm Hard Wired with Battery Backup <input type="checkbox"/> Deadbolt Locks <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Lightning Rods-UL Approved? <input type="checkbox"/> Yes

**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: _____