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Historic Buildings Supplement

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

If the insured occupies historic buildings, the following supplement must be completed.

***Must attach a building appraisal not more than 3 years old.**

I. Historic Buildings	Building # _____ Loc. # _____	Building # _____ Loc. # _____	Building # _____ Loc. # _____
1. a. Is this building listed on the National Register of Historic Places?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are replacement buildings materials available locally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Will local ordinances allow the building to be rebuilt at the same location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the building been completely restored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. If not completely restored, what percentage of the building has been restored?	_____ %	_____ %	_____ %
f. What is the target date for complete restoration?	___ / ___ / _____	___ / ___ / _____	___ / ___ / _____
g. Is the building currently under construction/being restored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. If yes to current construction/restored, what percentage of the building is under construction / being restored?	_____ %	_____ %	_____ %
i. Is the building ADA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. a. Is your water supply public or private? Public Private
 b. If private, describe water source: _____

3. a. Are there fireplaces in any guest rooms? Yes No
 b. If yes, are guests allowed to work the fireplaces themselves? Yes No
 c. Are screens placed in front of each fireplace? Yes No
 d. How often are fireplaces cleaned: _____

4. a. Do any guest rooms have kitchens or kitchenettes? Yes No
 b. If yes, are fire extinguishers provided? Yes No

5. a. Is smoking allowed on the property? Yes No
 b. If yes, describe smoking rules and areas: _____

6. If your business is seasonal, describe winterization procedures: _____

II. Facilities and Guest Activities

1. For all activities provided at or by the facility, including equipment rental, are waivers signed by all guests who will be using the facilities or equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. a. Are cribs provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, do they meet all current government safety standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any of the activities offered to non-guests or the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. For all activities guided by subcontractors, are certificates of insurance obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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: _____	