



214 Key Drive, Suite 2000
 Madison, MS 39110
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Outdoor Activities Supplement

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

Camping Information No Exposure

- Are there RV hook-ups or camp sites on the premises? Yes No
 - If yes:
 - Number of hook-ups: _____
 - Number of camp sites: _____
 - Sewer; Water; Trash Disposal available to guest? Yes No
 - Is the electrical and maintenance done by a licensed electrician? Yes No
 - Do you provide any service or repair of engines? (Engine, Marine, Auto) Yes No
- Are you a member of :
 - ARVC; Good Sam Park; Franchise; State/Regional Association: _____? Yes No
- Any sales of: Gasoline; LP Gas; RV or Travel Storage; RV or Travel Trailer Sales & Service? Yes No

Golf Course Information No Exposure

- Name of golf course: _____
- Is it open to the public? Yes No
- Number of holes: 9; 18; Other: _____
- Is there a pro shop? Yes No Receipts: \$ _____
- Number of days golf course is open: _____ days
- Who is responsible for maintenance including fertilization and chemical application? Applicant; Other: _____
- Does the insured have hole in one coverage? Yes No
- Minimum age for use of golf cart: _____ years old

**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: _____	