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# Cabin Rentals Supplement

<b>Applicant's Name:</b> _____			<b>Date:</b> _____
<b>Mailing Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____

1. Are cabins  owned or  leased? \_\_\_\_\_
2. Number of cabins available for guests: \_\_\_\_\_
3. Total receipts from cabin rental: \$ \_\_\_\_\_
4. Do you allow  smoking and/or  cooking in cabins?  Yes  No

5. Cabin Liability Information	Cabin # _____ / Loc. # _____	Cabin # _____ / Loc. # _____	Cabin # _____ / Loc. # _____
<b>Protection Features</b>	<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
<b>Maximum capacity in each cabin:</b>	_____	_____	_____
<b>Year Built</b>	_____	_____	_____
<b>Renovation Update</b> 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
<b>Building Type:</b>	<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

6. Does applicant want:  property insurance  mechanical breakdown  business income: \$ \_\_\_\_\_?  Yes  No  
 (If yes, please complete information below.)

<b>Limit of Insurance</b>	\$ _____	\$ _____	\$ _____
<b>Total Square Footage</b>	_____	_____	_____
<b>Building</b>	Height: _____ ft.	Height: _____ ft.	Height: _____ ft.
<b>Construction</b> (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: _____
<b>Exterior Wall Type</b>	<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: _____
<b>Roof Type</b>	<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: _____
<b>Heat Type</b> List all that apply.	<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: _____ * 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: _____ * 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: _____ * Complete Wood Stove Supplement.
<b>Cooling Type</b>	<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: _____
<b>Floor</b>	<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 photos and diagram showing all cabins on the premises and distance in feet between them. This information is required prior to binding.
- If more than 3 cabins, 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 \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_