



Markel Personal Lines

Dwelling Fire Application



**BENCHMARK
MANAGEMENT
GROUP**
A STANDARD FOR EXCELLENCE

Requested effective date:

Agency information:

Agency name:	GA code:	Producer code:	Phone #:
Address:	City:	State:	Zip:

Applicant information:

Named insured:	Date of birth:	Phone #:	Email:
Social Security #:	Additional named insured:		
Mailing address:	City:	State:	Zip:
Applicant is the titled owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Corporately titled? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Unit information:

Risk location address:	City:	County:	State:	Zip:
Renewal of a current MPL policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership type: <input type="checkbox"/> Personal <input type="checkbox"/> Corporate/trust			
Expiration date of previous policy:	Previous insurance carrier:			
Usage type: <input type="checkbox"/> Owner <input type="checkbox"/> Seasonal <input type="checkbox"/> Landlord <input type="checkbox"/> Vacant	If vacant, what is the policy term? <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months			
Is this a condominium? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy form: <input type="checkbox"/> DP-1 <input type="checkbox"/> DP-3	Current insurer:		
Year built:	Purchase price: \$	Purchase date:	Value: \$	Market value: \$
Property condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Construction type: <input type="checkbox"/> Frame <input type="checkbox"/> Entire structure masonry			
Protection class:	Distance from fire station: <input type="checkbox"/> < 1 mile <input type="checkbox"/> >1 mile			
Type of foundation: <input type="checkbox"/> Open <input type="checkbox"/> Full basement <input type="checkbox"/> Slab <input type="checkbox"/> Partial basement	Number of stories:	Number of families: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Roof type: <input type="checkbox"/> Comp shingle <input type="checkbox"/> Wood <input type="checkbox"/> Wood shake single <input type="checkbox"/> Aluminum <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Rolled <input type="checkbox"/> Tin <input type="checkbox"/> Other	If other, please describe:			
Square feet:	Roof slope: <input type="checkbox"/> Pitched <input type="checkbox"/> Flat	Year roof updated:	Rowhome/townhome: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical service: <input type="checkbox"/> Circuit breakers <input type="checkbox"/> Fuse box <input type="checkbox"/> Fuse and circuit	Swimming pool: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supplemental heating: <input type="checkbox"/> None <input type="checkbox"/> Woodstove <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other If other, please describe:				
Describe unattached structures:		Distance from fire hydrant:		

Additional interest:

Name:	Loss payee:
Zip:	Name:
Address 1:	Zip:
Address 2:	Address 1:
City/County:	Address 2:
State:	City/County:
	State:

Underwriting information:

	Yes	No
Has the applicant had any losses in the last five years? (if yes, please explain)	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant been convicted of fraud, arson or other insurance related offense?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant had a foreclosure or repossession in the last four years?	<input type="checkbox"/>	<input type="checkbox"/>

Underwriting information continued:

	Yes	No
Is applicant more than 60 days past due in mortgage payments?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant unemployed, other than retired or disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Is the unit of unconventional construction or design, such as a hand hewn log home, earth home, built on piers/stilts, floating home, travel trailer, manufactured/mobile home, dome home, houseboat, or motor home?	<input type="checkbox"/>	<input type="checkbox"/>
Is the primary heat source thermostatically controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Is kerosene or other portable heaters used?	<input type="checkbox"/>	<input type="checkbox"/>
Does the residence include knob and tube or aluminum wiring?	<input type="checkbox"/>	<input type="checkbox"/>
Are all utilities servicing the unit active?	<input type="checkbox"/>	<input type="checkbox"/>
Is the unit easily accessible from public roadways?	<input type="checkbox"/>	<input type="checkbox"/>
Is the unit located on a site with prior flooding, landslides, or brush fires?	<input type="checkbox"/>	<input type="checkbox"/>
Does the unit have unrepaired damage?	<input type="checkbox"/>	<input type="checkbox"/>
Other than minor cosmetic remodeling, is the unit in the process of renovation?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property currently in condemned status?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dwelling attached to, occupied as, or converted from a commercial risk?	<input type="checkbox"/>	<input type="checkbox"/>
Does the unit have working smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
Does the unit have more than two loss payees?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dwelling occupied as a fraternity, sorority, student housing, rooming house, assisted living home, sober home, or other small occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
Are all units rented or available for rent?	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant been cancelled or non-renewed for underwriting reasons in the last four years?	<input type="checkbox"/>	<input type="checkbox"/>
Has the unit had any lapse in coverage in the past 12 months? (excludes new purchase)	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant filed bankruptcy within the last four years?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant have any exotic or potentially dangerous animals, such as those with a history of aggression or biting?	<input type="checkbox"/>	<input type="checkbox"/>
Is business conducted on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Other than being incidental to the personal use of the property, are there any farming or livestock exposures?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a trampoline on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property managed by a property manager?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide dates and details of all losses within the past 5 years:		

Coverage selections:

Coverage A – Dwelling:		
AOP deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Wind/hail deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
Coverage B – Other structures – increased limit:		
Coverage C – Personal property:	Coverage C – Settlement type: <input type="checkbox"/> ACV <input type="checkbox"/> Replacement cost	
Limited theft coverage – cannot exceed Coverage C amount:		
Coverage D – Loss of use:	Coverage L – Liability: <input type="checkbox"/> None <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000	
Coverage M – Med pay: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	Vandalism or malicious mischief (DP1 only): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Wind or hail – Radio and TV antenna, awnings, and signs:	Equipment breakdown: <input type="checkbox"/> None <input type="checkbox"/> \$250 <input type="checkbox"/> \$500	

Optional endorsements:

ACV roof endorsement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal liability exclusion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Building exclusion: <input type="checkbox"/> Yes <input type="checkbox"/> No
Restrictive roof: <input type="checkbox"/> Yes <input type="checkbox"/> No	Short term rental: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water backup: <input type="checkbox"/> Yes <input type="checkbox"/> No

Payment options:

- Full pay – payment due upon the effective date of policy
- 2 pay – 50% down, 50% due in 90 days
- 4 pay – 25% down, 25% due in 60 days, 120, and 180 days
- 8 pay – 18% down, 12% due in 60, 90, 120, 150, 180, 210, and 240 days
- 12 pay – Only available on policies that have been set up for recurring payments.

Comments:

*The information provided is used for quoting purposes only, and does not guarantee insurance coverage.

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