



Markel Insurance Company

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Email applications to: mscsubmissions@markelcorp.com
Website: markeloutdoors.com

Private parties, conferences, or weddings supplement

Markel agent number: _____

Business name: _____

Submission or policy number: _____

1. Type and number of functions:

- Classes : _____ Weddings : _____
- Conferences : _____ Workshops : _____
- Private parties : _____ Other: _____ : _____
- Seminars : _____ Other: _____ : _____

2. What is the maximum number of guests at any one function? Under 50 50-300 300-1,000 over 1,000

3. What is the average number of guests at any one function? Under 50 50-300 300-1,000 over 1,000

4. How many exits are provided in the function room? 1 2 3 4

5. Functions are held: in a dining room in a lodge outside other: _____

6. Are all electrical feeds and outlets inspected before and after the functions to check for fraying or other damage?
 Yes No

If yes, who is responsible for inspection? _____

7. Do guests at these functions generally stay overnight at the ranch? Yes No

If yes, what is the minimum stay requirement? _____

8. Is food provided to guests by the ranch and/or a catering service*?

9. Is alcohol provided to guests by the ranch and/or a catering service*?

10 Are guests allowed to bring their own alcohol? Yes No

***If a catering service is used, we will require a certificate of insurance providing proof of insurance with an admitted, A-rated carrier or better carrying liability limits equal to or higher than your own.**

11. Do you request a Certificate of Insurance from the group sponsoring the function? Yes No

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____