



Markel Southwest Underwriters, Inc.

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GENERAL INFORMATION		
Name:		Mailing Address:
Eff. Date:	Exp Date:	Term: <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> Other:

VACANT/RENOVATION PROPERTY SUPPLEMENTAL APPLICATION (Attach to Accord 125 – Applicant Information Section)

PROPERTY INFORMATION		
Risk Address:		Current disposition: <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation Intended disposition: <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy
Year Built:	Year Renovated:	Protection Class:
Construction Type:	Wiring: Roof:	Number of Stories:
Square Feet:	Plumbing: Heating:	Prior occupancy:
Intended renovations:	Protective Devices	Utilities Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Central Station Fire Alarm	Building Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Central Station Burglar Alarm	Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Sprinklers	Bankruptcy Status:
	<input type="checkbox"/> Other (Describe Below)	
Time Vacant:	Loss History & Prior/Mortgagee	Unrepaired damage: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	Mortgagee:	(Describe Below)
Condition of building:	Prior Carrier:	Frequency of check-ups:
	Loss History:	Made by whom:
Describe Neighborhood:		
How long has the applicant owned property at this location:		
Is the building historically significant or part of a Historical Register: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PROPOSED PROPERTY COVERAGE <small>*For new purchase, please insure for "purchase price excluding land".*</small>		
Existing Building Limit: \$	Renovation Limit: \$	Total Building Limit: \$
Deductible Requested: \$	Coinsurance: %	
Coverage: <input type="checkbox"/> BASIC <input type="checkbox"/> BASIC X VMM <input type="checkbox"/> OTHER -		

Other Pertinent Information:

***If an Acord application is included, only answer questions not included on Acord application.**

Producer Name: _____

Applicant Signature: _____

Date: __/__/____