



- o DEERFIELD INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

If you obtained this application at www.markelshand.com, please submit this application through your local insurance professional.

SUPPLEMENT FOR PROPERTY APPRAISAL SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Does the Applicant provide the following property services? If Yes, provide the percentage of total property services provided.

		Percentage
(a) Residential Real Estate:		
(i) Single Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(ii) Multiple Dwellings	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(b) Commercial Real Estate:		
(i) Apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(ii) Office/Industrial/Retail	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(iii) Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(c) Equipment/Machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(d) Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(e) Art/Antiques/Jewelry	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(f) Collectibles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
(g) Other (specify) _____		_____ %
TOTAL		100%

3. Provide the percentage of the Applicant's clients in the following categories:

		Percentage
(a) Lenders		_____ %
(b) Property owner or purchaser		_____ %
(c) Insurance Companies		_____ %
(d) Governmental Body		_____ %
(e) Other (specify) _____		_____ %
TOTAL		100%

4. Does the Applicant or any person proposed for this insurance or any parent company, subsidiary, related or affiliated organization:
 - (a) Have any ownership interest in the property being appraised? Yes No
If Yes, provide details. _____
 - (b) Broker or sell property appraised by the Applicant? Yes No
If Yes, provide details. _____
5. Is licensing required in the state(s) in which the Applicant practices? Yes No
If Yes, has the Applicant's, or any person proposed for this insurance, license ever been suspended, placed on probation, revoked or restricted in any way? Yes No
If Yes, provide details. _____

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date