

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

SUPPLEMENT FOR INSURANCE RELATED 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. Line(s) of Business on which the Applicant provides their services:

			Percentage
(a) Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(b) Accident /Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(c) Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(d) Other Benefits: (specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(e) Personal Property Home or Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(f) Personal Liability Home or Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(g) Commercial Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(h) Workers' Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(i) General Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(j) Other (specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
TOTAL			100%

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

		Percentage
(a) Insurers		_____ %
(b) Insureds		_____ %
(c) Self Insureds		_____ %
(d) Other (specify) _____		_____ %
TOTAL		100%

4. List the Insurers and/or Risk Bearing Entities for which the Applicant provides professional services to account for 85% of the Applicant's gross revenues.

Insurer or Risk Bearing Entity	Best's Rating (If applicable)
_____	_____
_____	_____
_____	_____
_____	_____

5. Does the Applicant adjust claims? Yes No
 If Yes, answer the following.

- (a) Does the Applicant have authority to deny coverage for claims?..... Yes No
- (b) Largest Single Loss Adjusted in the past 36 months in dollar amount of settlement: \$ _____
- (c) Average Size of Loss Adjusted in the past 36 months in dollar amount of settlement: \$ _____

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