SHAND MORAHAN & COMPANY, INC.
MARKEL®
Ten Parkway North, Deerfield, IL 60015
(847) 572-6000 Fax (847) 572-6137
Underwriting Manager
A Markel Company

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

SUPPLEMENTAL APPLICATION FOR PREMIUM FINANCE COMPANIES

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

Name of Applicant: _____

2. APPLICANT OPERATIONS

a. Are you a member of a Premium Finance Association? ..... [ ] Yes [ ] No
Name: _____

b. Are you a part of an Insurance Company or Insurance Agency? ..... [ ] Yes [ ] No
Name: _____

c. Are you part of a Bank or Financial Institution? ..... [ ] Yes [ ] No
Name: _____

d. Do you send a preliminary Notice of Intent to Cancel? ..... [ ] Yes [ ] No
With a copy to Broker? ..... [ ] Yes [ ] No

e. Regarding notices:
(i) Do you use window envelopes with document number showing? ..... [ ] Yes [ ] No
(ii) Is the name of the person mailing included in the document? ..... [ ] Yes [ ] No
(iii) Is a proof of mailing receipt obtained from the Post Office? ..... [ ] Yes [ ] No
(iv) Do you send a copy to the Broker? ..... [ ] Yes [ ] No

f. Are you licensed as a Premium Finance Company? ..... [ ] Yes [ ] No

g. (i) Number of Finance Agreements: 2 yrs. ago: _____
Last Year _____
Current Year Projected: _____

(ii) Type of Insurance Coverage Financed:

Class	%
_____	_____
_____	_____

h. Average Premium Financed: 2 yrs. ago: _____
Last Year: _____
Current Year Projected: _____

I understand information submitted herein becomes a part of my Application and is subject to the same representation and conditions.

_____ _____
Name of Applicant* Title (Officer, partner, etc.)

_____ _____
Signature of Applicant Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.