



## OUTBREAK EXTRA EXPENSE APPLICATION

**PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Full Name of Applicant:

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2. Mailing Address:

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3. Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. OPERATIONAL INFORMATION

Please describe your business activities:

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Has your business ever been closed or quarantined, or has your business ever been closed or given notice by any public health department, or public health official for any biological, infections disease event, or any other health related hazard?  Yes  No  
If Yes, please explain on Page 3

Is your business regulated by any public health department or official?  Yes  No  
If Yes, please explain on Page 3

Does your business involve itself in any way with biological materials?  Yes  No  
If Yes, please explain on Page 3

Does your business serve food to the public?  Yes  No  
If Yes, please explain on Page 3

Does your business involve habitational, overnight lodging or educational exposures?  Yes  No  
If Yes, please explain on Page 3

Is your business health care related?  
If Yes, please explain on Page 3

Yes  No

5. LOCATION INFORMATION

All address information needs to be included in detail. Please be sure to include exact suite information, etc. Complete all that will be covered under the policy. This application can be used for 1 location only. For more than 1 location, please complete the multi-location application.

Location Address:

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Total Square Footage: \_\_\_\_\_

Is your business the sole occupant at this address?  
If No, please describe surrounding businesses:

Yes  No

Does your business occupy any other space at this location?  
If Yes, please explain:

Yes  No

Do you own this building?

Yes  No

Annual revenue from this location:	
Annual rental income from this location:	
Annual payroll for this location:	
Per Diem Limit (increments of \$1,000 to \$50,000 per day)	

**Notice to the Applicant - Please Read Carefully**

Markel is authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the Company receives notice is on file with Markel and is considered physically attached to and part of the policy if issued. Markel will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and effective date of the policy, the Applicant will promptly notify Markel, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**Warranty**

I warrant to the Company, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to Markel.

Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**ADDITIONAL COMMENTS/EXPLANATIONS:**

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

\_\_\_\_\_  
Signature of Applicant (authorized representative)

\_\_\_\_\_  
Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**