

NOTICE

IMMEDIATE NOTICE of all accidents, or injuries must be given to:

MARKEL INSURANCE COMPANY

P.O. Box 3870 • Glen Allen, VA • 23058-9817

Phone: 800-362-7535 • Fax: 804-747-9367

(24 hours, 7 days)

Accident Report Procedures

DO'S

- Immediately report all claims to your agent or to Markel Insurance Company's Claims Department.
- Report all claims involving crimes to the police when they occur. Obtain the police report number when possible.
- Write down:
 - How & exactly where the accident happened, along with the time it occurred.
 - Names, addresses and phone numbers of everyone involved (including passengers for auto related claims.)
 - Insurance information including company name, policy number, agent's name and phone)
- **Property claims:** Take necessary steps to preserve the damaged property and mitigate any further damages. Make temporary repairs when necessary and keep all receipts.

DON'TS

- Don't reveal information about your insurance coverage other than company and agent's name to anyone.
- Don't admit responsibility for the accident or injury.
- Don't discuss the accident or injury with anyone other than your insurance agent or authorized representative, Markel associates, or law enforcement officials.
- Don't give copies of documents to anyone other than Markel associates or authorized representatives.

CAUTION

Please call these procedures to the attention of anyone involved in or participating in the management and operation of your business, club, show, etc.



MARKEL INSURANCE COMPANY

Important Phone Numbers

Markel Claims Phone: 800-362-7535, ext. 6944

Markel Claims Fax: 804-747-9367

Insurance Agent

Name: _____

Agency: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

General Liability Coverage

Policy Number: _____

Effective Dates: ____/____/____ to ____/____/____

Property Coverage

Policy Number: _____

Effective Dates: ____/____/____ to ____/____/____

Automobile Coverage:

Policy Number: _____

Effective Dates: ____/____/____ to ____/____/____

Umbrella Coverage:

Policy Number: _____

Effective Dates: ____/____/____ to ____/____/____

Copy & Mail All Correspondence

Copy all accident-related correspondence, and mail the originals to Markel. This includes reports, statements, bills and letters.

- Send all correspondence as soon as you receive it- don't let it accumulate. Reference your policy number and claim number on each document.
- If you receive any type of legal papers, immediately call Markel Claims at 800-362-7535. If possible, fax the documents to us at 804-747-9367.