

Policy Number: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Inland Marine Deductible:**  \$500  \$1,000  \$3,000  \$5,000  Other: \$ \_\_\_\_\_

**Tack & Similar Horse Equipment (Owned by Named Insured Only.)**

<input type="checkbox"/> No Coverage Requested		Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value	
1.			\$
2.			\$
3.			\$
4.			\$

**Tents, Rafts, Fishing & Other Similar Movable Business Equipment**

<input type="checkbox"/> No Coverage Requested		Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value	
1.			\$
2.			\$
3.			\$
4.			\$

**Watercraft (Including Trailers & Motors)**

<input type="checkbox"/> No Coverage Requested		Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value	
1.			\$
2.			\$
3.			\$
4.			\$

**All Terrain Vehicles, Snowmobiles, & Other Similar Vehicles (\*Coverage for vehicles not licensed for road use.)**

<input type="checkbox"/> No Coverage Requested		Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Year	Type & Model	Make & Serial Number	Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

**Miscellaneous Business Personal Property**

<input type="checkbox"/> No Coverage Requested		Check Applicable Box: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	
Description	# of Units	Total Value	
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

This supplement must be approved by Markel Insurance Company prior to coverage being bound.  
 This supplement becomes part of your application and must be signed and dated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker's Name: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_