



**MARKEL RE**  
**SPECIALIZED MARKEL ALTERNATIVE RISK TRANSFER**

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4521 Highwoods Parkway, Glen Allen, Virginia 23060-6148 T 800 446 6671 F 804 565 1955

## **CLAIM REPORTING INFORMATION**

In the event of an accident, loss, claim or occurrence that may result in a claim you must give us prompt notice of the accident, loss, claim or occurrence.

All reports should be directed to Markel Re – Claims Department. Claim reports can be made by way of E-Mail, facsimile or phone. The preferred reporting method is E-Mail.

Reporting claims by:

E-Mail:	<a href="mailto:mreclaims@markelcorp.com">mreclaims@markelcorp.com</a>
Phone:	1-800-446-6671 Ext.1916
Fax:	1-804-565-1955
Mail:	Claim Department Markel Re P.O. Box 2009 Glen Allen, VA 23058

To the extent possible claim reports should include:

- How, when and where the accident or loss occurred;
- The insured's name, policy number, address and phone number;
- The name, address and phone number of all Claimants;
- The name, address and phone number of any injured persons and witnesses;
- The nature and location of any injury or damage arising out of the accident or loss.