



214 Key Drive, Suite 2000
 Madison, MS 39110
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 Fax: 601-898-4793
 Email: cs@continentalbrokers.biz

Inland Marine Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

Inland Marine Deductible: \$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 <u>not</u> 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	Agent's Signature	Date
Agency Name: _____		Agency Phone Number: _____	