



**Markel Insurance Company  
 MASSACHUSETTS PERSONAL  
 INLAND MARINE POLICY DECLARATIONS**

\_\_\_\_\_  
 Renewal of Policy No.

**Policy No.**

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Policy Period: from \_\_\_\_\_ until \_\_\_\_\_, at 12:01 A.M. Standard Time  
 at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL TERMS OF THIS POLICY,  
 WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**LOCATIONS**

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**LIMITS OF INSURANCE:**

**ALL COVERED PROPERTY IN ANY ONE OCCURRENCE: \$**

**UNNAMED LOCATION: \$**

**PROPERTY IN TRANSIT: \$**

**INLAND MARINE SCHEDULE**

**DEDUCTIBLE    PREMIUM**

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**PREMIUM**

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**TOTAL PREMIUM FOR INLAND MARINE COVERAGE PART: \$**

THESE DECLARATIONS TOGETHER WITH THE PERSONAL INLAND MARINE CONDITIONS, PERSONAL COLLECTION COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**FORMS AND ENDORSEMENTS**

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Agency Name and Address:

Countersigned:\*

By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE PERSONAL INLAND MARINE CONDITIONS, PERSONAL COLLECTION COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.