

**AmWINS**

PROGRAM UNDERWRITERS

## NATURAL GAS DISTRIBUTORS - CLAIM REPORTING PROCEDURES

**FOR MORE  
INFORMATION,  
PLEASE CONTACT:**

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### HOW TO REPORT A CLAIM

Email: [newclaims@markel.com](mailto:newclaims@markel.com)  
FAX: (855) 662-7535 / (855) 6MARKEL  
Phone:\* (800) 362-7535 / (800) 3MARKEL  
Mail: P.O. Box 2009  
Glen Allen, VA 23058-2009

Please complete the appropriate ACORD form in detail and include the name and phone number of the contact person at the location of the reported incident. If possible, please attach a copy of the facility incident report. When reporting an auto claim, please identify the unit # on the schedule along with the VIN#. If the loss/claim involves a building or damage to property, please provide the physical address of the property.

\*Please refer to your specific policy language for new claim reporting requirements. Some policies require you to report all claims in writing only.

How to send Supplemental information or questions on an existing claim:

Email: [markelclaims@markel.com](mailto:markelclaims@markel.com)  
FAX: (855) 662-7535 / (855) 6MARKEL  
Phone: (800) 362-7535 / (800) 3MARKEL  
Mail: P.O. Box 2009  
Glen Allen, VA 23058-2009

If you have questions about a claim, please call 1-800-362-7535.

Inquiries may also be faxed to 1-855-662-7535.



ON YOUR TEAM.