



Markel Insurance Company

[Redacted contact information]

Giddy Up Insurance
A direct Markel Agent
Jamie Kristjanson
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406-220-0260 cell

Animal Mortality Insurance - Additional Horse Supplement

Markel agent name/number: 96285 Desired effective date:

Named insured: Current policy or ID number: Phone:

Section 1 - Horse Information | Horses are ineligible for insurance if currently in transit (on a trailer being transported), are due to foal within 30 days, OR who have foaled in the past 30 days. Photos are required for unregistered horses. Complete the additional horse supplement for each horse to be included on the policy.

1. Registered name: Barn name:

For unnamed foal, sire's name: Dam's name:

2. Registration number/tattoo number: Microchip number:

Breed: Color:

Gender: colt filly gelding stallion unborn foal mare - In foal? Yes No; approximate due date:

Date of ownership: Date of birth:

Use category: competition/show/training breeding pleasure (non-performance); Use*:

*List specific use of horse. ie: Reining, hunter/jumper, dressage, or class use.

3. Purchase price or stud fee: \$ Does the purchase price or stud fee involve other than cash? Yes No

Amount of insurance desired: \$

Provide details, if amount of insurance desired does not equal amount paid, or involves other than cash (i.e. trade):

4. Do you have care, custody and control of this animal? Yes No If no, complete this horse location information:

Is the horse located within the continental United States? Yes No

Name: Address:

Zip code: City: State:

5. Is the animal being leased to or from another party? Yes No If yes, complete lease agreement information:

Number of lessors or lessees (not including the applicant):

Is the other party the lessor or lessee in the lease agreement: lessor lessee

Does lease include option to purchase the animal? Yes No Purchase price as stated on lease agreement: \$

Mailing address: United States International

Name: Address:

Zip code: City: State:

6. Are you the sole owner? Yes No If no, complete horse owner information:

Number of additional owners (not including the applicant): Mailing address: United States International

Name: Address:

Zip code: City: State:

Percentage of ownership: %

Declaration of Health: At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease. Pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

7. Is the horse on an inoculation and deworming program approved by a veterinarian? Yes No

If no, explain:

8. Does the pedigree have HYPP linkage? (Note: H/H horses are not insurable.) Yes No

If yes, provide date of testing, results, and if N/H, has the horse experienced any episodes:

9. Does your horse have, or has it had, any of the following health conditions? Yes No

- a. History of injury, illness, lameness or disease
b. Colic or any other gastro-intestinal related disease
c. Surgery (other than castration), been fired, blistered, nerved, treated or examined for lameness
d. Conformation that affects the horse's ability to be used for the purpose described on this application
e. Vet examination for anything other than routine care
f. Receives medication

If yes to any, provide details including date(s), diagnosis, treatment and recovery:

A completed, signed, and dated veterinary examination is required, and must be dated within thirty (30) days prior to effective date of your policy.

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Market agent name/number: _____ Horse name: _____

Named insured: _____ Phone: _____

Section 3 – Optional Coverages (available per horse) | Optional coverages are provided at additional premium unless indicated otherwise. Optional coverage premiums are fully earned and not eligible for refund if policy is canceled. Terms and conditions for rate and coverage may vary by state. A veterinarian examination may be required.

1. Emergency colic surgery (ECS):

- \$2,500 limit included for horses with an insured value of \$2,500 to \$4,999
- \$5,000 limit included for horses with an insured value of \$5,000 or greater

Higher limits available for additional premium (select option below):

- Increase ECS limit to \$7,500 (\$75 premium) – Eligible for horses with an insured value of \$7,500 or greater
- Increase ECS limit to \$10,000 (\$150 premium) – Eligible for horses with an insured value of \$10,000 or greater

2. Surgical only OR Medical/Surgical: Surgical only or medical/surgical coverage limit cannot exceed the amount of mortality insurance desired. To qualify for Medical/Surgical coverage, the Mortality insured value must be at least 75% of the proven value of the horse. For example, you must purchase at least \$7,500 of mortality coverage, on a horse purchased for \$10,000. All medical surgical plans include a 20% copay.

a. Surgical only (\$50 deductible): Limit: \$5,000 (Premium: \$249) \$10,000 (Premium: \$334)

b. Medical/Surgical:

For all states Limit: \$5,000 | Deductible: \$375 | Premium: \$449

(except CA, CO, DC, FL, LA, MD, MO, MT, OH, PA, WA) Limit: \$10,000 | Deductible: \$500 | Premium: \$570

For CO, DC, LA, MD, MT, MO, OH, PA, WA only - Limit: \$5,000 | Deductible: \$375 | Premium: \$427

Limit: \$10,000 | Deductible: \$500 | Premium: \$543

For CA only - Limit: \$5,000 | Deductible: \$375 | Premium: \$335

Limit: \$10,000 | Deductible \$500 | Premium: \$426

For FL only - Limit: \$5,000 | Deductible: \$375 | Premium: \$298

Limit: \$10,000 | Deductible \$500 | Premium: \$338

3. International transit / coverage territory extension: Yes No

This coverage is available for horses while awaiting transit/air transit to the United States: mortality coverage is extended to include new territorial limits.

If yes, what country is the horse going to or coming from: _____

Date of departure or tentative shipping date: _____

Date of return or tentative shipping date: _____

Who will have care, custody or control while the animal is outside of the United States: _____

4. Add coverage to quote: Limited permanent disability
 Stallion infertility due to accident, sickness or disease

Applicant's signature & date: _____

Licensed agent's signature & date (if applicable): _____

Agent's resident license number (Florida only): _____

Servicing agent name: Jamie Kristjanson