



**Markel Insurance Company**  
 P.O. Box 2009, Glen Allen, VA 23058-2009  
 Telephone: (800) 446-7925 Fax: (804) 527-7999  
 Email applications to: [mortalityapps@markelcorp.com](mailto:mortalityapps@markelcorp.com)  
 Website: [markelhorseandfarm.com](http://markelhorseandfarm.com)

## Animal mortality insurance application

This application will become part of any policy issued as a result of its submission. Only horses declared on this application will be covered, unless otherwise endorsed. Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not automatically bind coverage until the completed application is approved. In the event the Company does not approve your application, your premium payment will be returned. Sample Policy wording can be provided upon request.

**Horses currently in transit (on a trailer being transported) are not eligible for insurance. Horse insurance must be purchased before being transported, or once they reach their final destination. Horses over the age of 25 are not eligible for insurance.**

Desired effective date: \_\_\_\_\_ Markel agent number: 96285

Named insured: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please send my insurance policy by:**  E-mail (Be sure to complete the email address field above.)  
 Please mail my policy. (Allow 7-10 business days.)

### Section 1 – Customer information (Applicant must be at least 18 years of age.)

1. Type of legal entity:  individual  corporation  partnership  joint venture  LLC  other: \_\_\_\_\_
2. How many horses do you own: \_\_\_\_\_
3. How many horses do you want to insure on this policy: \_\_\_\_\_ (If more than one horse, complete page 2 for each horse.)
4. Are you a member of any horse related associations:  none  AHA  AQHA  APHA  ARIA  
 NRCHA  NRHA  NSBA  USDF  USEF  USHJA Other: \_\_\_\_\_
5. a. Have you had any of the following:  Yes  No
  - horse mortality, medical/surgical and/or liability claims or losses whether insured or not
  - an insurer refuse, cancel or non-renew insurance for you or any owned horses
- b. If yes to either of these bullets, explain in full details: \_\_\_\_\_
6. Do you have a current policy with Markel?  Yes  No  
 If yes, add this animal to your existing policy?  Yes  No  
 Current Markel policy number: \_\_\_\_\_

### Section 2 – Payment Information

Payment amount:  Full annual premium  
 Installments: 4-pay plan | \$5 fee added per installment (\$4 fee per in installment in FL)

Payment method:  send me an invoice  check/cash  debit card  Visa  MasterCard  Discover  Amex

Note: If anything other than 'send me an invoice' is selected, an underwriter will call to take payment over the phone.

How did you hear about Markel?  Magazine ad  Referral  Convention/conference  Website  Other  
 Describe: \_\_\_\_\_

Would you be interested in additional information, or a Markel quote for any of the following products?  
 Commercial equine liability  Farm  Farrier liability  Horse clubs and associations  Excess liability

**Section 3 – Horse information** | Horses currently in transit (on a trailer being transported) are not eligible for insurance.

1. Horse registered name: \_\_\_\_\_ Microchip number: \_\_\_\_\_  
For unnamed foal, sire's name: \_\_\_\_\_ Dam's name: \_\_\_\_\_  
Registration number and/or tattoo number (photos required for unregistered horses): \_\_\_\_\_
2. Color: \_\_\_\_\_ Gender: \_\_\_\_\_ - If mare, in foal?  Yes | Due date: \_\_\_\_\_  
Breed: \_\_\_\_\_ Use: \_\_\_\_\_; If showing and/or competing, list classes/divisions: \_\_\_\_\_  
NOTE: Horses who are due to foal within 30 days or who have foaled in the past 30 days are ineligible.
3. Date of ownership: \_\_\_\_\_ Date of birth: \_\_\_\_\_
4. Purchase price  or stud fee  - Amount paid: \$ \_\_\_\_\_ Amount of insurance desired: \$ \_\_\_\_\_  
Does purchase price/stud fee involve other than cash?  Yes  No | Provide details if amount of insurance desired does not equal purchase price, or purchase involved other than cash (i.e. trade): \_\_\_\_\_
5. Are you the sole owner?  Yes  No; If no, other owner's name and address: \_\_\_\_\_
6. Do you have care, custody and control of this animal?  Yes  No  
If no, provide name and address of person who does: \_\_\_\_\_
7. Is horse being leased to  or from  another party?  Yes  No | Other party in lease agreement is:  lessor  lessee  
If lessor, provide name and address: \_\_\_\_\_  
Does lease include an option to purchase the animal?  Yes  No; Purchase price on lease agreement: \$ \_\_\_\_\_  
(If option to purchase is not included, complete a Justification of Value form for leased horses.)

**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.**

8. Is the horse on an inoculation and deworming program approved by a veterinarian?  Yes  No
9. Does the pedigree have HYPP linkage? (Note: H/H horses are not insurable.)  Yes  No
10. Does your horse have, or has it had, any of the following health conditions?  Yes  No
- History of injury, illness, lameness or disease
  - Colic or any other gastro-intestinal related disease
  - Surgery (other than castration), been fired, blistered, nerved, treated or examined for lameness
  - Conformation that affects the horse's ability to be used for the purpose described on this application
  - Vet examination for anything other than routine care
  - Receives medication
11. If yes to question #9 and/or #10, provide details [date(s), test results, diagnosis, treatment, recovery]. A current completed veterinary certificate of examination or current pre-purchase exam is required.

**Additional details or comments about this horse:**

**Section 4 – Optional coverages** | 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 vet exam may be required.

- a. Emergency colic surgery (ECS): \$2,500 limit included |  Increase my ECS limit to \$5,000
- b. Surgical only (\$50 deductible) – limit:  \$5,000  \$10,000
- c. Medical surgical (20% co-payment applies) – limit:  \$5,000  \$10,000  \$15,000; deductible:  \$375  \$500  \$1,000
- d. Private horse liability – limit:  \$300,000  \$1,000,000 (Applies to all insured animals; not applicable for commercial operations.)
- e. Limited permanent disability (available for performance horses greater than \$10,000 only; not all uses) -  Add to quote.
- f. Stallion infertility due to accident, sickness or disease -  Add to quote.
- g. International transit / coverage territory extension -  Add to quote.

**Fair Credit Report Act Notice:** Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. **Fraud Warning:** Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

**Authorization** - I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld. **NOTE:** Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature & date: \_\_\_\_\_ Agent's signature & date: \_\_\_\_\_

Markel agent number: \_\_\_\_\_ Agent's resident license number: \_\_\_\_\_ Authorized submitter: \_\_\_\_\_