



Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009
Telephone: +1.800.446.7925 Fax: +1.804.527.7999
Email applications to: mortalityapps@markel.com
Website: markelhorseandfarm.com

Declaration of health

Insured's name:

Submission or policy number:

Phone:

Email:

Section 1 – Policy request (check all that apply)

Horse name:

Renew/rebind insurance

Increase value to: \$

(complete justification of value form)

Add coverages: Surgical only

Medical/surgical

Increase emergency colic surgery coverage to \$7,500 (available for horses with an insured value of \$7,500 or greater)

Increase emergency colic surgery coverage to \$10,000 (available for horses with an insured value of \$10,000 or greater)

Equine Essentials

Section 2 – Health history:

1. If mare, is the horse in foal? Yes No If yes, due date:

2. Does horse have any history of the following? Check all that apply.

Not applicable

Injury, illness, lameness, or disease

Colic or any other gastro-intestinal related disease

Conformation defects

Surgery

Castration

Veterinarian examination for anything other than routine care

Receives medication

Provide details including date(s), diagnosis, treatment and recovery. Continue on separate sheet of paper if needed.

NOTE: This supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. 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: