



Markel Insurance Company
 Beth Himes/Markel Equine Insurance Specialist
 11306 Lake Road, Millersport, OH 43046
 Telephone: (614) 205-7687 Fax: (804) 527-7999
 Email applications to: himesbeth@hotmail.com
 Website: markelhorseandfarm.com

Animal Mortality Insurance Application

Only horses declared on this application will be covered, unless otherwise endorsed. Coverage is not 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 over the age of 25, or are 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.**

Desired effective date: _____ Markel agent name/number: _____
 Named insured: _____ Website: _____
 Email: _____ Phone: _____ Cell: _____
 Mailing address: _____
 City: _____ State: _____ Zip code: _____
 Primary contact name: _____ Phone: _____

Please send my insurance policy by: Email (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 trust organization
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 the additional horse supplement for each horse to be added on the policy.)
4. Are you a member of any horse related associations: None AHA AQHA APHA ARIA NRCHA NRHA
 NSBA USDF USEF USHJA Other: _____
5. Have you had any horse mortality, medical/surgical and/or liability claims or losses whether insured or not? Yes No
 If yes: how many claims or losses: _____
 Provide a description of claims or losses: _____
6. Do you have a current Markel policy? Yes No
 If yes, add this horse(s) to your existing policy? Yes No
 Current Markel policy number: _____
7. Are you insured other horses with another company/agency? Yes No
 If yes: Company / agency name: _____ Expiration date: _____

Section 2 – 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 u 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: _____
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.

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: \$237) \$10,000 (Premium: \$317)
 - b. Medical/Surgical:

For all states (except CA, DC, FL, MD, MO, MT, OH, PA, WA)	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$427
For MD, MO, MT, OH, WA only	Limit: <input type="checkbox"/> \$10,000 Deductible: \$500 Premium: \$543
For MD, MO, MT, OH, WA only	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$369
For MD, MO, MT, OH, WA only	Limit: <input type="checkbox"/> \$10,000 Deductible: \$500 Premium: \$470
For CA, DC, PA only –	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$335
For CA, DC, PA only –	Limit: <input type="checkbox"/> \$10,000 Deductible: \$500 Premium: \$426
For FL only –	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$298
For FL only –	Limit: <input type="checkbox"/> \$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

Section 4 – Optional Coverages (applies to all insured horses) | 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.

1. Private horse owner liability: Limit: \$300,000 (\$58/horse) \$1,000,000 (\$85/horse)
 (Applies to all insured horses; not applicable for commercial operations.)

2. Equine essentials enhancement: For an additional premium, this enhancement will provide the following coverages at the limits stated within each option. A \$250 deductible applies for all horse equipment coverage options. No deductible for emergency evacuation or necropsy and burial.
 - Option 1 | \$89.00 premium**
 Coverages included:
 - Owned horse equipment: \$2,500 limit per item; \$5,000 per occurrence
 - Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
 - Emergency evacuation: \$30 per day up to 15 days
 - Necropsy and burial: \$500 per horse

 - Option 2 | \$164.00 premium**
 Coverages included:
 - Owned horse equipment: \$5,000 limit per item; \$10,000 per occurrence
 - Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
 - Emergency evacuation: \$30 per day up to 15 days
 - Necropsy and burial: \$500 per horse

 - Option 3 | \$239.00 premium**
 Coverages included:
 - Owned horse equipment: \$7,500 limit per item; \$15,000 per occurrence
 - Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
 - Emergency evacuation: \$30 per day up to 15 days
 - Necropsy and burial: \$500 per horse

Section 5 – Premium / Payment Information | *Hassle free mortality rates below are for horse(s) valued at \$50k or less and between 91 days and 15 years old. Rates will vary by age, value, breed and/or use for horse(s) outside of the hassle free mortality eligibility.

	Total amount of insurance	Rate	Premium subtotal
A. Arabian horses:	\$ _____ X	.0285*	= \$ _____
B. ASB, Dressage, Cutting, Hackney, Hunter pony, Morgans, Ranch riding, Reining, Reined cow horses:	\$ _____ X	.0300*	= \$ _____
C. Hunter/Jumper, Roping/rodeo horses:	\$ _____ X	.0350*	= \$ _____
D. Eventing horses:	\$ _____ X	.0365*	= \$ _____
E. Barrel racing: New Rate!	\$ _____ X	.0325*	= \$ _____
F. All other horse breeds/disciplines:	\$ _____ X	.0325*	= \$ _____
G. Over age horses (16 – 18 years old):	\$ _____ X	_____	= \$ _____

Mortality premium subtotal - minimum premium fully earned (A+B+C+D+E+F+G) = \$ _____

Emergency Colic Surgery (ECS) increased limit premium from page 3 (\$75/horse or \$150/horse) + \$ _____

Surgical only OR medical/surgical premium from page 3 (premium is fully earned) + \$ _____

Equine Essentials Enhancement premium from page 3 + \$ _____

Private Horse liability: (\$58/horse or \$85/horse based on limit from page 3) X _____ (# of horses covered) + \$ _____

Total Policy Premium = _____

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

Billing preference: Invoice me Check/cash Debit/credit card

Notice of information practices: Personal information about the applicant, including information from an investigative report, may be collected from persons other than the applicant 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 the applicant's authorization. If applicable, credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The applicant has the right to review the applicant's personal information in our files and can request correction of any inaccuracies. For a more detailed description of the applicant's rights and our practices regarding such information visit <https://www.markel.com/privacy-policy>. Contact your agent or broker for instructions on how to submit a request to us.

Fraud warnings: Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only. To access state specific fraud warnings, visit our website at: <https://www.markel.com/insurance/personal-and-commercial-lines-policyholder-application-fraud-warnings>

Agreement: The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He / she represents that the answers are true, correct and complete to the best of his / her knowledge. The undersigned authorized representative agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he / she will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to purchase the insurance.

Application completed and submitted by: Agent Applicant/Insured Authorized submitter

Applicant's signature & date: _____

Agent's signature & date: _____

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