



Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009
Telephone: 800-262-7535 Fax: 804-527-7999
Email applications to: mortalityapps@markelcorp.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 \$5,000

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.

- | | |
|---|--|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Injury, illness, lameness, or disease | <input type="checkbox"/> Castration |
| <input type="checkbox"/> Colic or any other gastro-intestinal related disease | <input type="checkbox"/> Veterinarian examination for anything other than routine care |
| <input type="checkbox"/> Conformation defects | <input type="checkbox"/> 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: _____