



The Horse Policy Insurance Application

Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009

Email application to: horseinsurance@markel.com

Phone: 1.800.446.7925 Fax: 1.804.527.7999

The MARKEL HORSE POLICY combines horse-level and policy-level coverages into one convenient plan. 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. Terms and conditions for rate and coverage may vary by state. The applicant must be 18 years of age. A minimum earned premium amount of \$200 will apply on any insured requested cancellation, unless otherwise directed by your state insurance regulations.

Section 1: Horse owner information

Desired effective date: _____ Markel agent name/number: _____

Insured (Select individual or business)

☐ Individual - First name: _____ MI: _____ Last name: _____ Suffix: _____

Would you like to add your spouse/partner on this policy? ☐ Yes ☐ No

If yes, spouse/partner's - First name: _____ Last name: _____

☐ Name of Business/Organization/Trust: _____

Primary contact first name: _____ Last name: _____

Insured Mailing Address

Mailing address: ☐ United States ☐ International

Address 1: _____

Address 2: _____

City/County: _____ State/Country: _____ Zip code: _____

Primary phone number: _____ Secondary phone number: _____

Email address: _____ Website: _____

How did you hear about Markel?

☐ Ad ☐ Horse show/event ☐ Online search ☐ Other ☐ Referral ☐ Website

Please describe: _____

Loss history

Have you had any mortality, medical/surgical, and/or liability claims or losses in the last 5 years? ☐ Yes ☐ No

If yes, description of claims or losses: _____

Horse related association memberships (Select all that apply.)

☐ AAEP ☐ AAPF ☐ AFA ☐ AMHA ☐ APHA ☐ AQHA ☐ ARIA ☐ ARHFA ☐ ASHA ☐ AHA
☐ CHA ☐ NBHA ☐ NRCHA ☐ NRHA ☐ NSBA ☐ NSHA ☐ PTHA ☐ PATH ☐ USDF ☐ USEF
☐ USHJA ☐ Other: _____

Section 2: Horse schedule

Horse information

Horse's name: _____

☐ Registered: Registration/tattoo number: _____

Microchip number: _____

☐ Unregistered/Grade horse (Photos are required.)

Horse color: _____

☐ Unnamed foal/pending registration: Sire name: _____

Dam name: _____

Horse's date of birth (mm/dd/yyyy): _____

Gender: ☐ Mare ☐ Stallion ☐ Gelding ☐ Colt ☐ Filly ☐ Unborn foal

If mare, in foal? ☐ Yes ☐ No; If yes, due date: _____

Breed: _____

Use: _____

Horse's insured value: \$ _____

Has the horse been nerved? ☐ Yes ☐ No

Are you the sole owner? ☐ Yes ☐ No (If no, provide additional owner information below.)

Name: _____ Address: _____

City/County: _____ State: _____ Zip code: _____

Is the horse being leased? ☐ Yes ☐ No (If yes, copy of lease agreement is required.)

Is the other party the lessor or lessee in the lease agreement? ☐ lessor ☐ lessee

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

Name: _____ Address: _____

City/County: _____ State: _____ Zip code: _____

Will this horse have Mortality Coverage? ☐ Yes ☐ No

If yes, complete all sections. If no, skip to Section 4, and select policy level coverages.

Horse value

Horse's date of purchase (mm/dd/yyyy): _____

Was your horse purchased or homebred? ☐ Purchase price - Amount: \$ _____

☐ Homebred/stud fee - Amount: \$ _____

Does the purchase price or stud fee involve other than cash? ☐ Yes ☐ No

Provide additional details in regards to the difference between the amount: _____

Horse 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.

1. Is the horse currently healthy, sound, and in full work for the last 90 days? ☐ Yes ☐ No

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

a. If no, please explain: _____

3. Does the horse receive any prescription medications? ☐ Yes ☐ No

a. If yes, please explain: _____

4. Does this horse have HYPP linkage? ☐ Yes ☐ No; If yes, is the horse H/H or N/H with episodes? ☐ Yes ☐ No

5. Does the horse have a history of or has the horse been diagnosed with any illness, injury, lameness, disease, colic/ulcers, has the horse had a surgery, does the horse have conformation defects, or has the horse been seen by a vet for non-routine care? ☐ Yes ☐ No

a. If yes, describe condition(s): _____

Horse location

Do you have care, custody and control of this animal? ☐ Yes ☐ No

If no, provide location name: _____

Is this location within the continental United States? ☐ Yes ☐ No

Address: _____

City/County: _____ State: _____ Zip code: _____

Section 3: Horse-level coverages

When a horse is eligible for Full Mortality, Markel's horse policy can cover the limit as shown on the declarations page for the loss of the insured horse by death or theft. When Specified Perils Mortality is indicated, insurance protection is provided for your horse for the death, theft or humane destruction caused by the specified perils listed in the policy, including but not limited to fire, lightning, earthquakes, electrocution, drowning, transit risks and attack by wild animals. Death due to illness or disease is not covered. When a horse is ineligible for mortality coverage, additional policy-level coverages may be available.

Select full mortality or specified perils coverage.

☐ Full mortality

Optional coverages available with full mortality:

☐ Surgical

Limit: _____ Deductible: \$50

☐ Major medical

Limit: _____ Co-pay: 20% Deductible: _____

☐ Stallion infertility

☐ Emergency colic surgery - Limit: _____

☐ Specified perils

Optional coverages available with specified perils:

☐ Accidental injury

☐ Colic mortality

International transit/coverage territory extension

Do you need international transit coverage? ☐ Yes ☐ No

Country: _____

Who has care, custody and control while outside USA/Canada: _____

Departure/tentative shipping date: _____ Return/tentative shipping date: _____

Section 4: Policy-level coverages

Policy-level coverages are optional and protect you beyond just your individual horse(s). These coverages apply to your overall insurance policy.

☐ **Equine essentials:** Equine essentials is a policy-level coverage designed to protect more than just your horse. It includes protection for your tack and equipment in case of loss, theft, or damage. If your horse passes away due to a covered cause, the policy helps cover necropsy and burial expenses. It also provides coverage for the emergency evacuation of any owned or leased horse listed on your policy, giving you added peace of mind in unexpected situations.

Limit (Per item/Per occurrence): _____ Deductible: _____

☐ **Private horse owner liability and medical payments:** Private horse owner liability and medical payments coverage (a policy-level coverage) provides the horse owner insurance protection if a covered horse accidentally causes bodily injury or property damage to someone else—whether at home, at a show, at a boarding facility, or anywhere you take your horse. Medical payments coverage is also included to help with third-party medical expenses.

Limit (Occurrence/Aggregate): ☐ \$300,000/\$900,000 ☐ \$500,000/\$1,500,000 ☐ \$1,000,000/\$3,000,000

Does the applicant conduct any commercial equine operations such as boarding, breeding, riding instruction, training of equines or leasing of equines to others where the applicant may or may not receive money or compensation? *

☐ Yes ☐ No

If you have selected private horse owner liability and medical payments, do you need to add an additional interest?

☐ Yes ☐ No

If yes, indicate type:

☐ Owner of premises ☐ Designated person or organization other than owner of premises

☐ State or governmental agency or subdivision or political subdivision – permits or authorizations

Name: _____ Address: _____

City/County: _____ State: _____ Zip code: _____

Section 5: Payment plans and document delivery

☐ Full-pay 1 payment 100% down Make one payment by the policy effective date

☐ 4-pay 4 payments 25% down Pay 25% of the premium by the policy effective date,
with the remainder due in 2, 4 and 6 months.

Markel offers account level billing. Payment plan options are subject to availability and qualifications and may not be available in all states. Additional payment plans may be available. You may be subject to installment fees when selecting a payment plan. Signing up for Electronic Funds Transfer (EFT) may reduce any applicable installment fees. Fees may vary by state and will be shown on your invoice. Fees are subject to change.

Policy document delivery:

☐ Email/Electronic delivery (policy documents will be delivered to the email address provided above)

By selecting email/electronic delivery of policy documents, applicant/insured consents to receive policy and all related documentation and communications electronically. Document delivery preferences can be updated at any time by contacting your agent. When selecting email/electronic delivery of documents, applicant/insured acknowledges review of Markel's electronic terms and conditions (<https://www.markel.com/e-disclosure>) and gives Markel the permission to deliver documents electronically. To receive any document in paper or non-electronic form, contact Markel at +1.800.446.7925 or email horseinsurance@markel.com. There is not a fee.

☐ Mail the policy via USPS (allow 7-10 business days for receipt)

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: [Privacy Policy | Markel](#)
Contact your agent or broker for instructions on how to submit a request to us.

Fraud warnings: Applicable in AL, AR, 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/fraudwarnings>

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 Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of this application does not bind the applicant to the Company to purchase the insurance. When receiving this document via DocuSign, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Applicant's signature & date: _____

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

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