



Animal mortality insurance - Additional horse supplement

Markel Insurance Company

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

Email form to: horseinsurance@markel.com

Phone: 1.800.446.7925 Fax: 1.804.527.7999

Markel agent name/number: _____ Current policy or ID number: _____

Insured name: _____ Phone: _____

Section 1 – 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. How do you identify your horse:

Registered name: _____ Registration number: _____

Unregistered/Barn name: _____ (Photos are required.)

Unnamed foal/Pending registration - Sire name: _____ Dam name: _____

2. Microchip number: _____

3. Gender: colt filly gelding stallion unborn foal mare- in foal?: Yes No; approx.due date: _____

4. Breed: _____ Color: _____

5. Date of ownership: _____ Date of birth: _____

6. Use category: competition/show/training breeding pleasure (non-performance)

Specific use*: _____ *List specific use of horse. i.e. Reining, hunter/jumper/ dressage, or class use.

7. Is this horse used for dancing and/or charro? Yes No

8. Was your horse purchased or homebred? Purchase price – Amount: \$ _____

Homebred/stud fee - Amount: \$ _____

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

10. Amount of insurance desired: \$ _____

Provide additional details in regards to the difference between the amount of insurance desired and the purchase price (e.g. training fees, show record, breeding record, trade, donation/gift):

10. 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: _____

11. Is the animal being leased to or from another party? Yes No

If yes, complete lease agreement information and provide copy of lease agreement:

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: \$ _____

Mailing address: United States International Name: _____

Address: _____ Zip code: _____ City: _____ State: _____

12. Are you the sole owner? Yes No

If no, complete horse owner information and provide copy of ownership agreement: Percent of ownership: _____%

Mailing address: United States International Name: _____

Address: _____ Zip code: _____ City: _____ State: _____

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.

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

If no, explain: _____

2. 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: _____

Additional horse supplement – page 2

Market agent name/number: _____ Horse name: _____

Insured name: _____ Phone: _____

3. Does your horse have, or has it had, any of the following health conditions? Yes No

If yes, check all that apply and provide details below.

- 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

If any conditions checked above, provide details including date(s), diagnosis, treatment and recovery:

_____ A completed/signed veterinary examination is required, and must be dated within thirty (30) days prior to effective date of your policy.

Section 2 – 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 (Note: \$50 in CA)

Higher limits available for additional premium (select option below; not available in CA or FL):

- Increase ECS limit to \$7,500 Increase ECS limit to \$10,000

2. Surgical only OR Medical/Surgical: Check your options below.

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.

- Surgical only (\$50 deductible) – limit: \$5,000 \$10,000
- Medical/Surgical (20% co-pay applies) – limit: \$5,000 \$10,000 \$15,000
deductible: \$375 \$500 \$1,000

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/tentative shipping date: _____ Date of return/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

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: _____

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

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

Servicing agent name: _____