



Markel Insurance Company
 P.O. Box 2009, Glen Allen, VA 23058-2009
 Telephone: (800) 446-7925 Fax: (804) 527-7999
 Email applications to: mortalityapps@markelcorp.com
 Website: markelhorseandfarm.com

Animal mortality insurance application

This application will become part of any policy issued as a result of its submission. Only horses declared on this application will be covered, unless otherwise endorsed. Coverage shall not be 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.

Markel agent number: _____ Proposed effective date: _____

Named insured: _____

Doing business as (DBA): _____

Phone #: _____ Cell #: _____ Fax #: _____

Email: _____ Website: _____

Mailing address: _____ City: _____

County: _____ State: _____ Zip code: _____

Primary contact name: _____ Phone #: _____

Do you have a current policy with Markel? Yes No

If yes, add this animal to your existing policy? Yes No Current Markel policy number: _____

Please send my insurance policy by: E-mail (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 other: _____

2. Applicant is a member of: none AHA AQHA APHA ARIA NRCHA NRHA
 NSBA USDF USEF USHJA Other: _____

3. Total number of horses owned: _____

4. Total number of horses to be covered by this policy: _____ (If more than one horse, complete page 2 for each horse.)

5. a. Have you had any horse mortality, medical/surgical and/or liability claims or losses whether insured or not? Yes No

b. If yes, explain: _____

6. a. Has any insurer ever refused, cancelled or non-renewed insurance for you or any of your owned horses? Yes No

b. If yes, provide full details: _____

7. a. Are you insuring other horses with another company/agency? Yes No

b. If yes, Company/Agency Name: _____ Expiration date of policy: _____

8. How did you hear about Markel? Magazine ad Referral Convention/conference Website Other

Describe: _____

9. Would you be interested in additional information, or a Markel quote for any of the following products?

Commercial equine liability Farm Farrier liability Horse clubs and associations Excess liability

Section 2 – Payment Information

Payment amount: Full annual premium

Installments: 4-pay plan

- 25% down payment required with application

- Billed 3 equal installments every 60 days; \$5 fee added per installment (\$4 fee per in installment in FL)

Payment method: check/cash credit/debit card send me an invoice

Section 3 – Horse information | Horses currently in transit are not insurable. Rates vary by state and coverage restrictions may apply.

1. Horse name: _____ Color: _____
 For unnamed foal, sire's name: _____ Dam's name: _____
 Registration number (photos required for unregistered horses): _____
2. Date of ownership: _____ Date of birth: _____
3. Purchase price or stud fee paid: \$ _____ Amount of insurance**: \$ _____
 **Note: If amount of insurance does not equal purchase price/stud fee, attach full details including substantiation of value.
4. a. Breed: _____ Use: _____ Sex: _____; If mare, in foal? Yes | Due date: _____
 NOTE: Horses who are due to foal within 30 days or who have foaled in the past 30 days are ineligible.
 b. If showing and/or competing, list classes/divisions: _____
5. a. Method of payment: cash check trade other: _____
 b. If trade, provide details: _____
6. a. Are you the sole owner? Yes No
 b. If no, other owner's name and address: _____
7. Is horse being leased to or from another party? (If yes, complete leased JOV form.) Yes No
8. a. Do you have care, custody and control of this animal? Yes No
 b. If no, provide name and address of person who does: _____

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.

9. Is the horse on an inoculation and deworming program approved by a veterinarian? Yes No
10. Does the pedigree have HYPP linkage? (Note: H/H horses are not insurable.) Yes No
11. Does your horse have, or has it had, any of the following health conditions? Yes No
- 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
12. If yes to question #10 and/or #11, provide details [date(s), test results, diagnosis, treatment, recovery]. A current vet exam may be required.

Additional details or comments about this horse:

Section 4 – Optional Coverages | Additional premiums apply. Optional coverage premiums are fully earned and not eligible for refund if policy is canceled.

- Emergency colic surgery - \$2,500 limit included | Increase to \$5,000 limit
- Surgical only - \$5,000 limit [\$50 deductible] | \$10,000 limit [\$50 deductible]
- Medical surgical (20% co-payment applies) – select limit: \$5,000 limit \$10,000 limit \$15,000 limit
 select deductible: \$375 deductible \$500 deductible \$1,000 deductible
- Private horse liability - \$300,000 limit | \$1,000,000 limit
 Note: If selected, this is applied to all insured animals. Not applicable for commercial equine operations.
- Limited permanent disability (available to performance horses greater than \$10,000 only [not all uses]; a vet exam will be required.)
- Stallion infertility due to accident, sickness or disease (a vet exam will be required)
- International transit

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you 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 your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud Warning: Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

Authorization - I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

NOTE: 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: _____

Authorized submitter: _____ Agent's resident license number: _____