

## **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**

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:	<del></del> '
Mailing address:			
City:	State:	Zip code:	
Primary contact name:		Phone: _	
Please sent my insurance policy by:	Email (be sure to complete Please mail my policy (Pleas		•
Section 1 – Customer Information (Applie 1. Type of legal entity: ☐ individual c	cant must be at least 18 years of age.) orporation partnership	joint venture	LLC trust organization
2. How many horses do you own:			
3. How many horses do you want to insure (If more than one horse, complete the additional		be added on the police	cy.)
4. Are you a member of any horse related ass ☐ NSBA ☐ USDF ☐ USEF ☐ USHJA ☐		AQHA □ APHA □	ARIA □ NRCHA □ NRHA
5. Have you had any horse mortality, media	cal/surgical and/or liability claim	ns or losses whethe	er 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 anoth	ner company/agency? ☐ Yes	No	
If yes: Company / agency name:			Expiration date:

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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. \_\_\_\_\_ Barn name: 1. Registered name: For unnamed foal, sire's name: \_\_\_\_\_\_ Dam's name: \_\_\_\_\_ 2. Registration number/tattoo number: Microchip number: Color: Breed: Gender: □ colt □ filly □ gelding □ stallion □ 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 Address: \_\_\_\_\_ Name: \_\_\_ Zip code: Citv: State: 5. Is the animal being leased to or from another party?  $\square$  Yes  $\square$  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 Address: Name: City: State: Zip code: 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 \_\_\_\_\_ Address: \_\_\_\_ Name: \_\_\_\_ City: State: Zip code: 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: ☐ Yes ☐ No 9. Does your horse have, or has it had, any of the following health conditions? 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.

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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 \$10,000 ☐ Increase ECS limit to \$7,500 2. Surgical only (\$50 deductible) – limit: ☐ \$5,000 ☐ \$10,000 3. Medical surgical (20% co-payment applies) - limit: ☐ \$5,000 ☐ \$10,000 ☐ \$15,000; deductible: ☐ \$375 ☐ \$500 ☐ \$1,000 ☐ Limited permanent disability 4. Add coverage to quote: ☐ Stallion infertility due to accident, sickness or disease ☐ International transit / coverage territory extension 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 ☐ \$1,000,000 (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 - \$2,500/\$5,000\* owned horse equipment; \$500 non-owned horse equipment; emergency evacuation, necropsy and burial □ Option 2 - \$5,000/\$10,000\* owned horse equipment; \$500 non-owned horse equipment; emergency evacuation, necropsy and burial □ Option 3 - \$7,500/\$15,000\* owned horse equipment; \$500 non-owned horse equipment; emergency evacuation, necropsy and burial \*Limits listed for owned horse equipment, are listed as per item limit / occurrence limit. Section 5 – Payment Information 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 NOTE: If anything other than 'invoice me' is selected, an underwriter will call to take payment over the phone. How did applicant hear about Markel? ☐ Convention/conference ☐ Industry magazine ad ☐ Insurance magazine ☐ Markel Sales Team ☐ Referral ☐ Website ☐ Other: Please specify: Would you be interested in additional information, or a Markel quote for any of the following products: 

Commercial equine liability Farm Horse clubs and associations Excess liability 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):

Section 3 – Optional Coverages (available per horse) | Optional coverages are provided at additional premium unless indicated

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