



Markel Insurance Company
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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. **Horses 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. Horses over the age of 25 are not eligible for insurance.**

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

Named insured: _____ Website: _____

Email: _____ Phone #: _____ Cell #: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Primary contact name: _____ Phone #: _____

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. How many horses do you own: _____

3. How many horses do you want to insure on this policy: _____ (If more than one horse, complete page 2 for each horse.)

4. Are you a member of any horse related associations: None AHA AQHA APHA ARIA
 NRCHA NRHA NSBA USDF USEF USHJA Other: _____

5. a. Have you had any of the following: Yes No
 • horse mortality, medical/surgical and/or liability claims or losses whether insured or not
 • an insurer refuse, cancel or non-renew insurance for you or any owned horses

b. If yes to either bullet above, explain in full details: _____

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: _____

Section 2 – Premium / Payment Information | *Hassle free mortality rates below are for horse(s) valued at \$50k or less and between 91 days and 15 years old. Rates will vary by age, value, breed and/or use for horse(s) outside of the hassle free mortality eligibility.

	Total amount of insurance	Rate	Premium subtotal
A. Arabian horses:	\$ _____ X	.0285*	= \$ _____
B. ASB, Dressage, Hunter pony, Morgans, Reining, Reined cow horses:	\$ _____ X	.0300*	= \$ _____
C. Hunter/Jumper, Barrel, Roping/rodeo horses:	\$ _____ X	.0350*	= \$ _____
D. Eventing horses:	\$ _____ X	.0365*	= \$ _____
E. All other horse breeds/disciplines:	\$ _____ X	.0325*	= \$ _____
F. Over age horses (16 – 18 years old):	\$ _____ X	_____	= \$ _____

Mortality premium subtotal (A+B+C+D+E+F) = \$ _____

Emergency Colic Surgery (ECS) increased limit premium from page 2 (\$50/horse) + \$ _____

Surgical only OR medical/surgical premium from page 2 (premium is fully earned) + \$ _____

Total mortality premium subtotal or \$200, whichever is greater (\$200 fully earned minimum premium) = \$ _____

Add optional liability: \$300,000 (\$58/horse) \$1,000,000 (\$85/horse) X _____ (# of horses covered) + \$ _____

TOTAL POLICY PREMIUM = \$ _____

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

Section 3 – 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. NOTE: photos are required for unregistered horses.

1. Horse registered name: _____ Registration number: _____
For unnamed foal, sire's name: _____ Dam's name: _____
2. Color: _____ Gender: _____ - If mare, in foal? Yes | Due date: _____
Breed: _____ Use: _____; If showing and/or competing, list classes/divisions: _____
3. Date of ownership: _____ Date of birth: _____ Amount of insurance desired: \$ _____
4. Purchase price or stud fee - Amount: \$ _____ Does amount paid involve other than cash? Yes No
Provide details if amount of insurance desired does not equal amount paid, or involves other than cash (i.e. trade): _____
5. Are you the sole owner? Yes No; If no, other owner's name and address: _____
6. Do you have care, custody and control of this animal? Yes No
If no, provide name and address of person who does: _____
7. Is horse being leased to or from another party? Yes No | Other party in lease agreement is: lessor lessee
If lessor, provide name and address: _____
Does lease include an option to purchase the animal? Yes No; Purchase price on lease agreement: \$ _____
(If option to purchase is not included, complete a Justification of Value form for leased horses.)

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.

8. Is the horse on an inoculation and deworming program approved by a veterinarian? Yes No
9. Does the pedigree have HYPP linkage? (Note: H/H horses are not insurable.) Yes No
10. 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
11. If yes to question #9 and/or #10, provide details [date(s), test results, diagnosis, treatment, recovery]. A completed, signed, and dated Veterinary Certificate is required. Veterinarian examinations must be dated within thirty (30) days prior to the effective date of your policy.

Additional details or comments about this horse:

Section 4 – Optional coverages | 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.

- a. Emergency colic surgery (ECS): \$2,500 limit automatically included Increase my ECS limit to \$5,000 (Premium: \$50)
- b. Surgical only OR Medical/Surgical: 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.
- i. Surgical only (\$50 deductible): Limit: \$5,000 (Premium: \$237) \$10,000 (Premium: \$317)
 - ii. Medical/Surgical:

For all states (except CA, DC, FL, MD, MO, MT, OH, PA, WA)	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$427
For MD, MO, MT, OH, WA only	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$369
	Limit: <input type="checkbox"/> \$10,000 Deductible \$500 Premium: \$470
For CA, DC, PA only –	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$335
	Limit: <input type="checkbox"/> \$10,000 Deductible \$500 Premium: \$426
For FL only –	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$298
	Limit: <input type="checkbox"/> \$10,000 Deductible \$500 Premium: \$338
- c. Private horse owner liability: Limit: \$300,000 \$1,000,000 (Applies to all insured horses; not applicable for commercial operations.)
- d. Add coverage to quote: Limited permanent disability Stallion infertility due to accident, sickness or disease
 International transit / coverage territory extension

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: _____

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