



Radiographs narrative

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

Insured's name: _____ Submission or policy number: _____

Phone: _____ Email: _____

Horse's name: _____

A veterinarian certificate of examination must accompany this form.

1. Date radiographs taken: _____
2. Please advise of any degenerative changes or abnormalities present as evidenced by the radiographs.
(If additional is needed, use a separate page.)

3. Assessment of radiographs:

	Left front	Right front	Left hind	Right hind
Feet				
Fetlock				
Pastern				
Knee				
Hocks				
Stifles				

Cervical/Spine/Vertebrae Normal Abnormal

If abnormal, provide details:

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 form. 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. Before signing this document, verify your information is correct. Electronically signing will disable further editing.

Veterinarian name: _____ Phone: _____

Veterinarian signature and date: _____

* No specific number of radiographs are required. This determination is left up to the individual veterinarian. It is not necessary to submit the films to Markel, only the veterinarian's statements. A pre-purchase examination form may be submitted provided it contains the same information.