



Mary Phelps • Markel Equine Insurance Specialist
 P.O. Box 868 • DeLeon Springs, Florida • 32130
 (800) 572-3286 • Fax (386) 985-4657

Standard All Risk Mortality & Theft Application

(Minimum policy premium \$200 fully earned.)

If you would like to add a horse to an existing policy, indicate current policy number: _____

(Applicant must be at least 18 years of age. Please write in black ink.)

1. Named Insured - Full Name(s)/DBA: _____
2. Address: _____
 City: _____ State: _____ Zip: _____ Home Phone No.: (____) _____ - _____
3. Business Phone No: (____) _____ - _____ Fax Number: (____) _____ - _____ Email Address: _____
4. Applicant is a member of: None; AHA; AQHA; APHA; ARIA; NRCHA; NRHA; USDF; USEF; USHJA; Other: _____
5. Horse to be covered by this policy: _____ Total Number of horses owned: _____

Name* & Registration #	Breed	Birth Date	Color	Sex	Use	Date Purchased	Purchase Price*	Amt of Insurance ⁺

* Provide name of sire & dam for unnamed foals. Provide photographs of unregistered horses.
 + If amount of insurance does not equal purchase price/stud fee, attach full details including Substantiation of Value.

6. **OPTIONAL COVERAGES** *(Minimum insured value of \$2,500 required. Rates may vary by state and coverage restrictions may apply. Not available for race horses or horses in race training and must be approved by an Underwriter.)*
 - Free Emergency Colic Surgery:** \$2,500 limit / \$0 deductible; now automatically included on eligible policies.
 - Surgical Only:** \$5,000 limit; \$50 deductible; \$147 premium
 - Medical/Surgical:** \$375 deductible; **\$8,000 & \$10,000 Medical/Surgical Limits** *(horse's insured value must be greater than the limit)*

OR

Limits (Choose One)		
\$5,000 limit	\$8,000 limit	\$10,000 limit
<input type="checkbox"/> \$266 premium	<input type="checkbox"/> \$329 premium	<input type="checkbox"/> \$371 premium
<input type="checkbox"/> \$212 premium <i>(with co-pay)</i>	<input type="checkbox"/> \$275 premium <i>(with co-pay)</i>	<input type="checkbox"/> \$317 premium <i>(with co-pay)</i>

(Other limits may be available. Contact our office at (800) 446-7925.)

- Permanent Disability:** Available to performance horses (not all uses) greater than \$10,000 only.
 - Personal Horse Liability:** Not applicable for commercial equine operations.
 - Stallion Infertility Due to Accident, Sickness or Disease**
7. Would you like additional information on the following coverages? Farm Commercial Equine Liability Horse Club Umbrella
 8. 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: _____
 9. 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: _____
 10. a.) Are you insuring or have you insured other horses with another company/agency? Yes No
 b.) If yes, Company/Agency Name: _____ Expiration Date of Policy: _____
 11. a.) Are you the sole owner of the horse(s)? Yes No
 b.) If no, other Owner's Name & Address: _____
 c.) Is the horse being leased? **If yes, contact our office for a Leased Justification of Value form.** Yes No
 12. a.) Was purchase price cash, check, trade other: _____
 b.) If trade/other, provide full details including a copy of the Bill of Sale/Receipt. _____
 13. List stud fee paid for all homebred foals: \$ _____
 14. To your knowledge, have any of these horses suffered an accident, sickness or disease, had any veterinary treatment (apart from preventive inoculations) or have been unsound in any way? *If yes, provide details on separate sheet.* Yes No
 15. a.) American Quarter /Paint/Appaloosa Horse: Does the horse have pedigree link to HYPP? Yes No N/A
 b.) Test Results **(Note: H/H horses are not insurable.)** _____ c.) If N/H, has horse had any HYPP episodes? Yes No
 16. a.) Name & location of person who has care, custody & control: _____ b.) Number of years of experience: _____
 17. Name & phone number of regular vet: _____
 18. Is horse on inoculation and worming program supervised by vet? Yes No If no, provide details: _____
 19. Is horse in competition? Yes No If yes, how many times a year? _____ List classes/divisions: _____

Fraud Warning and Applicant Signature

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

I understand that **IMMEDIATE NOTICE** must be given to the Company upon any injury, illness, surgery, disease or death of an insured animal, and I agree to do so. I also understand that in the event of the death of an insured horse, a postmortem exam by a qualified veterinarian must be provided at my expense. **Sample policy wording can be provided upon request.** *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.*

Applicant's Signature: _____ **Date:** _____ **Applicant's Printed Name:** _____

How did you hear about Markel: _____

Thank you for choosing Markel!

Mary Phelps

(Rev. 2/25/2011)

Veterinary Certificate of Examination

Named Insured: _____ Policy Number (if existing policy): _____

The horse being examined should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease.
Please request additional form for permanent disability coverage.

TO THE VETERINARIAN: Horses with a history of colic, founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details. I, _____, **do certify that I am a graduate Veterinarian holding a current license to practice in _____ (indicate state).** **Are you the usual Veterinarian?** Yes No

Name & Tattoo Or Reg. No.	Breed	Age	Color	Sex	Sire/Dam

Owned By: _____

Location of animal(s): _____

<p>1. Pulse & respiration normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Temperature normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Eyes clinically normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Heart auscultated & found normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. History or evidence of bleeder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. History of evidence of nerving? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Ever been treated for navicular disease, Arthritis, laminitis or founder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Any indication or history of lameness and/or faulty conformation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Any diagnostic procedures, including ultrasounds, x-rays, bone scans, etc...? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Are any preventive treatment(s) / supplements used including, intramuscular and/or intravenous? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____</p> <p>11. Are any Intra-articular Injections used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____</p> <p>12. Evidence of firing or blistering? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Any conditions detrimental to satisfactory breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Ever been tested/treated for EPM? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ Results: _____</p> <p>15. Any episodes related to HYPP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Any indication of infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Contagious disease on premises or in neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Any clinical evidence of objectionable vices or habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is the stabling and/or fencing adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Have you discussed the horse's health history with the owner or caretaker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>21. Has a complete pre-purchase or soundness exam been performed within the past 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide details of any abnormal results.)</p> <p>22. To your knowledge, have any of these horses suffered an accident, sickness or disease, had any veterinary treatment (apart from preventive inoculations) or have been unsound in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide details on separate sheet.</i></p> <p>23. Subject to or any history of gastro intestinal/digestive disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. a.) Has any surgery been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No b.) If yes, has horse fully recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach details on separate page.</i></p> <p>25. Is there likelihood of future danger to life or limb as a result of such surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. If male, are both testicles evident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Has horse been castrated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. a. If female, is she reported in foal? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If in foal, give due date: _____</p>
<p>For foals 24 hours to 90 days of age, you must also complete the following questions.</p>	
<p>29. Was birth normal with no complications? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, attach details on separate page.</i></p> <p>30. Date and time of birth: _____</p> <p>31. Normal urination & bowel movement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Has foal received any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Is IgG/CBC normal on this date? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Give complete details in regard to any the above questions that might have a bearing on the health or conformation or soundness of this horse: _____

Are any of these horses receiving any medication? If so, give details: _____

In addition, are there any other medical facts that you feel should be brought to the attention of the Company? _____

Except as noted above, I certify that to the best of my knowledge & belief the horse is healthy & insurable sound.

Signature: _____ Phone Number: (____) _____ Fax Number: (____) _____

Address: _____ Date & Time of Exam: _____

**This certificate must be received by the Company within 30 days of the exam date and/or prior to renewal.
 Please note the owner/agent is responsible for submitting this form to the Insurance Company.**



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