



Markel Insurance Company

Joshua Mullins
509 Minnow Creek Ct, Winter Garden, FL 34787
Office: (928) 530-6126 Cell: (949) 212-2970 Fax: (949) 544-0461
Email applications to: josh@lisasegerinsurance.com
Website: lisasegerinsurance.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. Rates for the following breeds and uses will vary, please call for a quote. Those breeds and uses include: Tennessee Walkers, Racking, miniature horses, Paso Finos, Peruvian Pasos, Drafts, endurance and distance trail riding, and halter show and halter breeding stock (Quarter horses, Paint horses, and Appaloosas ONLY).**

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 the insurance policy by: Email/Electronic delivery
(policy documents will be delivered to the email address provided above)
 Mail the policy via USPS (allow 7-10 business days for receipt)

When selecting email/electronic delivery of policy documents, applicant/insured acknowledges review of Markel's electronic terms and conditions (<https://www.markel.com/insurance/markel-electronic-delivery-and-signature-consent-disclosure>) and gives Markel the permission to deliver documents electronically. Document delivery preferences can be updated at any time by a Markel representative, or by logging into a Markel portal account at <https://portal.markelinsurance.com>.

Section 1 – Customer Information (Applicant must be at least 18 years of age.)

1. Type of legal entity: individual corporation partnership joint venture LLC trust organization
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 the additional horse supplement for each horse to be added on the policy.)
4. Are you a member of any horse related associations: None AHA AQHA APHA ARIA NRCHA NRHA
 NSBA USDF USEF USHJA Other: _____
5. Have you had any horse mortality, medical/surgical and/or liability claims or losses whether 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 another company/agency? Yes No
If yes: Company / agency name: _____ Expiration date: _____

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.

1. Registered name: _____ Barn name: _____
For unnamed foal, sire's name: _____ Dam's name: _____
2. Registration number/tattoo number: _____ Microchip number: _____
Breed: _____ Color: _____
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*:**
***List specific use of horse. ie: Reining, hunter/jumper, dressage, or class 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
Name: _____ Address: _____
Zip code: _____ City: _____ State: _____

5. Is the animal being leased to or from another party? Yes 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
Name: _____ Address: _____
Zip code: _____ City: _____ State: _____

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
Name: _____ Address: _____
Zip code: _____ City: _____ State: _____
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: _____
9. Does your horse have, or has it had, any of the following health conditions? Yes No
- 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.

Section 3 – Optional Coverages (available per horse) | 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 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 \$7,500 (\$75 premium) – Eligible for horses with an insured value of \$7,500 or greater
 - Increase ECS limit to \$10,000 (\$150 premium) – Eligible for horses with an insured value of \$10,000 or greater

2. 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.
 - a. Surgical only (\$50 deductible): Limit: \$5,000 (Premium: \$249) \$10,000 (Premium: \$334)
 NOTE: Rates may vary by state.
 - b. Medical/Surgical:

For all states (except CA, CO, DC, FL, LA, MD, MO, MT, OH, PA, WA)	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$449
For CO, DC, LA, MD, MT, MO, OH, PA, WA only -	Limit: <input type="checkbox"/> \$10,000 Deductible: \$500 Premium: \$570
For CA only -	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$427
	Limit: <input type="checkbox"/> \$10,000 Deductible: \$500 Premium: \$543
For FL only -	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$335
	Limit: <input type="checkbox"/> \$10,000 Deductible: \$500 Premium: \$426
	Limit: <input type="checkbox"/> \$5,000 Deductible: \$375 Premium: \$298
	Limit: <input type="checkbox"/> \$10,000 Deductible: \$500 Premium: \$338

3. International transit / coverage territory extension: Yes No
 This coverage is available for horses while awaiting transit/air transit to the United States; mortality coverage is extended to include new territorial limits.
 If yes, what country is the horse going to or coming from:
 Date of departure or tentative shipping date:
 Date of return or tentative shipping date:
 Who will have care, custody or control while the animal is outside of the United States:

4. Add coverage to quote: Limited permanent disability
 Stallion infertility due to accident, sickness or disease

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 (\$58/horse) \$1,000,000 (\$85/horse)
 (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 | \$89.00 premium**
 Coverages included:
 - Owned horse equipment: \$2,500 limit per item; \$5,000 per occurrence
 - Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
 - Emergency evacuation: \$30 per day up to 15 days
 - Necropsy and burial: \$500 per horse

 - Option 2 | \$164.00 premium**
 Coverages included:
 - Owned horse equipment: \$5,000 limit per item; \$10,000 per occurrence
 - Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
 - Emergency evacuation: \$30 per day up to 15 days
 - Necropsy and burial: \$500 per horse

 - Option 3 | \$239.00 premium**
 Coverages included:
 - Owned horse equipment: \$7,500 limit per item; \$15,000 per occurrence
 - Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
 - Emergency evacuation: \$30 per day up to 15 days
 - Necropsy and burial: \$500 per horse

