



Markel Insurance Company

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Email applications to: josh@lisasegerinsurance.com

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Animal Mortality Insurance – Additional Horse Supplement

Markel agent name/number:

Desired effective date:

Named insured:

Current policy or ID number:

Phone:

Section 1 – 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.

