



**Markel Insurance Company**

Lisa Seger

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Website: [lisasegerinsurance.com](http://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:

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

**Section 5 – 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, Cutting, Hackney, Hunter pony, Morgans, Ranch riding, Reining, Reined cow horses:	\$	X	.0300*	= \$
C. Hunter/Jumper, Roping/rodeo horses:	\$	X	.0350*	= \$
D. Eventing horses:	\$	X	.0365*	= \$
E. Barrel racing: <b>New Rate!</b>	\$	X	.0325*	= \$
F. All other horse breeds/disciplines:	\$	X	.0325*	= \$
G. Over age horses (16 – 18 years old):	\$	X		= \$

**Mortality premium subtotal** - minimum premium fully earned (A+B+C+D+E+F+G) = \$

Emergency Colic Surgery (ECS) increased limit premium from page 3 (\$75/horse or \$150/horse) + \$

Surgical only OR medical/surgical premium from page 3 (premium is fully earned) + \$

Equine Essentials Enhancement premium from page 3 + \$

Private Horse liability: (\$58/horse or \$85/horse based on limit from page 3) 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

How did applicant hear about Markel?  Convention/conference  Industry magazine ad  Insurance magazine  Markel Sales Team  
 Referral  Website  Other: Please specify:

**Notice of information practices:** Personal information about the applicant, including information from an investigative report, may be collected from persons other than the applicant in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without the applicant's authorization. If applicable, credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The applicant has the right to review the applicant's personal information in our files and can request correction of any inaccuracies. For a more detailed description of the applicant's rights and our practices regarding such information visit <https://www.markel.com/privacy-policy>. Contact your agent or broker for instructions on how to submit a request to us.

**Fraud warnings:** Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only. To access state specific fraud warnings, visit our website at: <https://www.markel.com/insurance/personal-and-commercial-lines-policyholder-application-fraud-warnings>

**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 application. 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 insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to purchase the insurance.

Applicant's signature & date:

Licensed agent's signature & date (if applicable):

Agent's resident license number (Florida only):

Servicing agent name: