

# Standard All Risk Mortality & Theft Application

(Minimum policy premium \$200 fully earned.)

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

If you would like to add a horse(s) to an existing policy, please indicate current policy number: \_\_\_\_\_

**(Applicant must be at least 18 years of age.)**

1. Named Insured - Full Name(s)/DBA: \_\_\_\_\_
2. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_
3. Business Phone No.: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email Address: \_\_\_\_\_
4. Total Number of horses to be covered by this policy: \_\_\_\_\_ Total Number of Horses Owned: \_\_\_\_\_

Horse No.	Name* & Registration #	Breed	Birth Date	Color	Sex	Use	Date Purchased	Purchase Price*	Amount of Insurance*
1									
2									
3									

\* 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.

5. **Optional Coverages (NOTE: Rates may vary by state and coverage restrictions may apply.)**

<p><b>Choose One:</b></p> <p><input type="checkbox"/> Medical / Surgical Plan 1** <b>OR</b></p> <p><input type="checkbox"/> Medical / Surgical Plan 2**</p>	<p>\$8,000 limit per horse per policy term, up to 15 years old</p> <p>Plan 1: \$210 Premium (\$500 Deductible, 25% co-pay)</p> <p>Plan 2: \$319 Premium (\$250 Deductible)</p>	<p style="text-align: center;"><i>Apply coverage to:</i></p> <p style="text-align: center;"><input type="checkbox"/> Horse 1   <input type="checkbox"/> Horse 2   <input type="checkbox"/> Horse 3</p>
<p><input type="checkbox"/> Surgical**</p>	<p>Available to horses up to 18 years old. \$127 Premium, \$50 deductible, \$5,000 limit</p>	<p style="text-align: center;"><i>Apply coverage to:</i></p> <p style="text-align: center;"><input type="checkbox"/> Horse 1   <input type="checkbox"/> Horse 2   <input type="checkbox"/> Horse 3</p>
<p>Please call for further details:</p> <p><input type="checkbox"/> <b>Permanent Disability</b> – Available to performance horses (not all uses) greater than \$10,000 only.</p> <p><input type="checkbox"/> <b>Personal Horse Liability</b> – Not applicable for commercial equine operations.</p> <p><input type="checkbox"/> <b>Stallion Infertility Due to Accident, Sickness or Disease</b></p>		

\*\* Not available for race horses or horses in race training and must be approved by an Underwriter. Rates may vary by state.

6. a.) Have you had any horse mortality, medical/surgical and/or liability claims or losses whether insured or not?    Yes    No  
 b.) If yes, please explain: \_\_\_\_\_
7. 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: \_\_\_\_\_
8. 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: \_\_\_\_\_
9. 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?    Yes    No      **If yes, please contact our office for a Leased Justification of Value form.**  
 d.) If yes, Name & address of loss payee/lessee: \_\_\_\_\_

**Please write in black ink.**

10. a.) Was purchase price  cash,  check,  trade  other: \_\_\_\_\_  
 b.) If trade/other, provide full details including a copy of the Bill of Sale/Receipt. \_\_\_\_\_
11. List stud fee paid for all homebred foals: \$ \_\_\_\_\_
12. 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?  Yes  No *If yes, provide details on separate sheet.*
13. a.) American Quarter Horse/Appaloosa/American Paint Horse: Does the horse have a pedigree link to HYPP?  Yes  No If no, go to #14.  
 b.) Test Date: \_\_\_\_\_  
 c.) Test Results (**Note: H/H horses are not insurable.**): \_\_\_\_\_  
 d.) If N/H, has horse had any HYPP episodes?  Yes  No
14. a.) Name and location of person who has care, custody and control: \_\_\_\_\_  
 b.) Number of years of experience: \_\_\_\_\_  
 c.) Age, type and condition of building and fencing: \_\_\_\_\_
15. If horses are not stabled, are they kept in an open pasture?  Yes  No
16. a.) Are video monitors used for foal watch?  Yes  No  
 b.) Is transportation readily available for emergencies?  Yes  No
17. Name and phone number of regular vet: \_\_\_\_\_
18. Is horse on inoculation and worming program supervised by vet?  Yes  No If no, provide details: \_\_\_\_\_  
 \_\_\_\_\_
19. a.) How many miles to closest surgical facility? \_\_\_\_\_  
 b.) Is regular vet on staff there?  Yes  No
20. Is horse in competition?  Yes  No If yes, how many times a year? \_\_\_\_\_ List classes/divisions: \_\_\_\_\_
21. a.) Is horse used in rodeo events?  Yes  No b.) Is horse shipped more than 12 times a year?  Yes  No  
 c.) Is horse shipped more than 200 miles any trip?  Yes  No d.) Does mare or stallion travel to be bred?  Yes  No
22. Indicate if you are interested in the following coverages:  Liability  Farm  Care, Custody & Control  Riding Club  Umbrella

**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, The Insurance Company with Horse Sense!®*



