

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

Name as it should appear on policy:

 { Dr. Mr. Mrs. Ms. Other _____ } _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____ E-mail Address: _____

 1. Applicant is: Individual Joint Venture Organization Corporation Partnership

 2. Are you a member of a horse-related association? Yes No If yes, which ones? _____

3. Total number of horses to be covered by this policy: _____ Total number of horses owned: _____

 4. 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: _____

 5. 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: _____

 6. a. Are you insuring other horses with another company/agency? Yes No

b. If yes, Company/Agency Name: _____ Expiration Date of Policy: _____

7. How did you hear about Markel Insurance Company? (magazine, referral, etc.) _____

 8. Would you like additional information on the following coverages? Farm Commercial Equine Liability Riding Club Umbrella

PREMIUM / PAYMENT INFORMATION
Total Amount of Insurance**
Premium Subtotal
A. ASB, Dressage, Arabian & Morgan Horses: _____ **X .0300*** = _____

Note: Florida residents please call.

B. Hunter/Jumper & Eventing Horses: _____ **X .0350*** = _____

C. Total Amount of Insurance, All Other Horses: _____ **X .0325** = _____

(round to the nearest dollar)

Enter the Premium Subtotal (A+B+C) or \$200, whichever is greater = _____

Total Medical/Surgical or Surgical Premium = _____

Optional Liability†: \$300,000 (\$58/horse) x _____ (no. of horses covered) = _____

 \$1,000,000 (\$85/horse)

†Liability option not available in HI.

TOTAL PREMIUM = _____

Payment Method: Check for total premium attached or charge Visa MasterCard.

 Installments: 4-Pay Plan. 25% down payment plus installment fee required with application. Then billed in 3 equal installments every 60 days. (\$5 fee per installment. Note to Florida Residents: Installment fee is \$4 per installment.)

Card No.: _____ Exp. Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

 Amount of insurance cannot exceed **\$30,000 per horse. Hassle Free Mortality rate includes guaranteed renewal on mortality coverage. For horses greater than \$30,000, complete a Standard All-Risk Mortality & Theft application.

Please use black ink.

HORSE INFORMATION

Horse(s) must be between 91 days old and 15 years old. Race Horses, Tennessee Walkers, Racking, Miniature Horses, Paso Finos, Peruvian Pasos, Draft & Halter Show Horses or Halter Breeding Stock are not eligible. If your horse does not qualify for this program, please call for a quote.
 • Photographs required for all unregistered horses.

Horse Name: _____ Registration Number: _____ Color: _____

For any unnamed foal, provide: Sire's Name: _____ Dam's Name: _____

Purchase Date: _____/_____/_____ Birth Date: _____/_____/_____

Purchase Price/Stud Fee Paid: \$ _____ Amount of Insurance**: \$ _____

Note: If amount of insurance does not equal purchase price/stud fee, attach full details including substantiation of value.

Breed: Arabian* Appaloosa ASB* Morgan* Paint Pony Quarter Thoroughbred Warmblood Other: _____

Use: Barrel Racing Breeding Cutting Dressage* Eventing♦ Hunter♦ Hunter Under Saddle Jumper♦
 Reining Trail Western Pleasure Other: _____

Sex: Colt Filly Gelding Stallion Mare If mare, is horse in foal? Yes No If yes, due date: _____/_____/_____

• Please note horses who are due to foal within 30 days or who have foaled in the past 30 days are ineligible.

OPTIONAL COVERAGES

Medical/Surgical: \$8,000 limit per horse per policy term Plan 1 \$232 premium (\$500 deductible; 25% co-pay)

Plan 2 \$351 premium (\$250 deductible; no copay)

Rates may vary by state.

Surgical: \$5,000 limit per horse per policy term \$140 premium (\$50 deductible)

GENERAL INFORMATION

1. a. Was purchase price: cash check trade other: _____

b. If trade/other, provide full details including a copy of the Bill of Sale/Receipt.

2. a. Are you the sole owner? Yes No

b. If no, other owner's name and address: _____

3. a. Is horse being leased to or from another party? Yes No

b. If yes, provide name and address of lessor/lessee and contact our office for a leased JOV form: _____

4. a. Do you have care, custody and control of this animal? Yes No

b. If no, provide name and address of person who does: _____

c. Contagious disease on premises or in neighborhood? If yes, provide details. Yes No

If yes, provide details: _____

Note: Horses currently in transit are not insurable.

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.

1. Is horse on inoculation and worming program approved by a vet? Yes No

2. Does horse have any history of injury, illness, lameness or disease? Yes No

3. Has horse suffered from colic or any other gastro-intestinal related illness? Yes No

4. Has horse undergone surgery (other than castration), been fired, blistered, nerved, treated or examined for lameness? Yes No

5. Does the horse have conformation that could affect its ability to be used for the purpose described on this application? Yes No

6. Has horse been examined by a veterinarian for anything other than routine care? Yes No

Note: If seen for a pre-purchase exam, please submit a copy.

7. Does horse receive any medication? Yes No

8. If yes, to questions number 2-7 above, please provide details including date(s), diagnosis, treatment and recovery.

9. a. American Quarter Horse/Appaloosa/Paint Horse: Does pedigree have HYPP linkage? Yes No

b. If yes, provide date of testing, results and if N/H, has the horse experienced any episodes? _____

Note: H/H horses are not insurable.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other 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 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: _____

This application will become part of any policy issued as a result of its submission. Only horses declared on this application will be covered, unless otherwise endorsed. Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded. Premium may be adjusted by the Company. Sample Policy wording can be provided upon request.