

EMAIL FORM TO:

ajinsurance24@gmail.com

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).**

Section 1 – Customer information

Desired effective date: _____, agent name/number: _____

Insured name: _____ Website: _____

Email: _____ Phone: _____ Cell: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Primary contact name: _____ Phone: _____

Please send my insurance policy by: ☐ Email (be sure to complete the email address field above)
☐ Mail my policy (Please allow 7-10 business days)

Section 2 – Policy 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 in the last 5 years? ☐ Yes ☐ No

If yes: how many claims or losses: _____

Provide a description of claims or losses: _____

Do you have a current policy with Markel? ☐ Yes ☐ No Current Markel policy number: _____

If yes, would you like to add this horse(s) to your existing policy? ☐ Yes ☐ No

6. Do you have other horses insured with another company/agency? ☐ Yes ☐ No

If yes: Company / agency name: _____ Expiration date: _____

Section 3 – 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. How do you identify your horse:

☐ Registered name: _____ Registration number: _____

☐ Unregistered/Barn name: _____ (Photos are required.)

☐ Unnamed foal/Pending registration - Sire name: _____ Dam name: _____

2. Microchip number: _____

3. Gender: ☐ colt ☐ filly ☐ gelding ☐ stallion ☐ unborn foal ☐ mare- in foal?: ☐ Yes ☐ No; approx.due date: _____

4. Breed: _____ Color: _____

5. Date of ownership: _____ Date of birth: _____

6. Use category: ☐ competition/show/training ☐ breeding ☐ pleasure (non-performance)

Specific use*: _____

*List specific use of horse. i.e. Reining, hunter/jumper/ dressage, or class use.

7. Is this horse used for dancing and/or charro? ☐ Yes ☐ No

8. Was your horse purchased or homebred? ☐ Purchase price – Amount: \$ _____

☐ Homebred/stud fee - Amount: \$ _____

9. Does the purchase price or stud fee involve other than cash? ☐ Yes ☐ No

10. Amount of insurance desired: \$ _____

Provide additional details in regards to the difference between the amount of insurance desired and the purchase price (e.g. training fees, show record, breeding record, trade, donation/gift):

10. Do you have care, custody and control of this animal? ☐ Yes ☐ No **If no, complete horse location information:**

Is the horse located within the continental United States? ☐ Yes ☐ No

Name: _____ Address: _____

Zip code: _____ City: _____ State: _____

11. Is the animal being leased to or from another party? ☐ Yes ☐ No

If yes, complete lease agreement information and provide copy of lease agreement:

Is the other party the lessor or lessee in the lease agreement: ☐ lessor ☐ lessee

Does lease include option to purchase animal? ☐ Yes ☐ No; Purchase price as stated on lease agreement: \$ _____

Mailing address: ☐ United States ☐ International

Name: _____ Address: _____

Zip code: _____ City: _____ State: _____

12. Are you the sole owner? ☐ Yes ☐ No

If no, complete horse owner information and provide copy of ownership agreement: Percentage of ownership: _____%

Mailing address: ☐ United States ☐ International Name: _____

Address: _____ Zip code: _____ City: _____ State: _____

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 the horse on an inoculation and deworming program approved by a veterinarian? ☐ Yes ☐ No

If no, explain: _____

2. 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: _____

3. Does your horse have, or has it had, any of the following health conditions? ☐ Yes ☐ No

If yes, check all that apply and provide details below.

- ☐ History of injury, illness, lameness or disease
- ☐ Colic or any other gastro-intestinal related disease
- ☐ Surgery (other than castration), been fired, blistered, nerved, treated or examined for lameness
- ☐ Conformation that affects the horse's ability to be used for the purpose described on this application
- ☐ Vet examination for anything other than routine care
- ☐ Receives medication

If any conditions checked above, provide details including date(s), diagnosis, treatment and recovery:

_____ A completed/signed veterinary examination is required, and must be dated within thirty (30) days prior to effective date of your policy.

Section 4 – 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 (Note: \$50 in CA)

Higher limits available for additional premium (select option below; not available in CA or FL):

- ☐ Increase ECS limit to \$7,500 – eligible for horses with an insured value of \$7,500 or greater
- ☐ Increase ECS limit to \$10,000 – eligible for horses with an insured value of \$10,000 or greater

2. Surgical only OR Medical/Surgical: Check your options below.

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.

- ☐ Surgical only (\$50 deductible) – limit: ☐ \$5,000 ☐ \$10,000
- ☐ Medical/Surgical (20% co-pay applies) – limit: ☐ \$5,000 ☐ \$10,000 ☐ \$15,000
deductible: ☐ \$375 ☐ \$500 ☐ \$1,000

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 5 – 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 veterinarian examination may be required.

1. Would you like to purchase private horse owner liability coverage? ☐ Yes ☐ No

(Applies to all insured horses; not applicable for commercial operations.)

Select limit: ☐ \$300,000 occurrence/\$900,000 aggregate ☐ \$1,000,000 occurrence/\$3,000,000 aggregate

2. Would you like to purchase Equine Essentials coverage enhancement? ☐ Yes ☐ No

For additional premium, this enhancement provides 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.

Coverages included are:

- Owned horse equipment – options available below to select your limit per item and 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

Select option: (*Limits listed for owned horse equipment, are listed as per item limit/occurrence limit.)

☐ Option 1 Includes \$2,500 limit per item; \$5,000 per occurrence for owned horse equipment

☐ Option 2 Includes \$5,000 limit per item; \$10,000 per occurrence for owned horse equipment

☐ Option 3 Includes \$7,500 limit per item; \$15,000 per occurrence for owned horse equipment

Section 6 –Payment information

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

NOTE: If anything other than 'invoice me' is selected, an underwriter will call to take payment over the phone.

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

Would you be interested in additional information, or a Markel quote for any of the following products:

☐ Commercial equine liability ☐ Farm ☐ Farrier liability ☐ Horse clubs and associations ☐ Excess liability

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.

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.

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.

Application completed and submitted by: ☐ Agent ☐ Applicant/Insured ☐ Authorized submitter

Applicant's signature & date: _____

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

Agent's resident license number (Florida only): _____

Servicing agent name:  _____