



**Markel Insurance Company**  
 P.O. Box 2009, Glen Allen, VA 23058-2009  
 Telephone: (800) 446-7925 Fax: (804) 527-7999  
 Email applications to: [mortalityapps@markelcorp.com](mailto:mortalityapps@markelcorp.com)  
 Website: markelhorseandfarm.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.**

Desired effective date: \_\_\_\_\_ Markel agent name/number: \_\_\_\_\_

Named insured: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### 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: \_\_\_\_\_
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.

