



# Hassle Free Mortality & Theft Application

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 Phone: (800) 4&6-\* &&\$ • Fax: ((%\$) +)' -% --  
 Email applications to: gZcl 4 ]bgj fUbW! ]bVWtá



Purchase coverage online at:  
[www.horseinsurance.com](http://www.horseinsurance.com)

## 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: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Applicant is:  Individual  Joint Venture  Organization  Corporation  Partnership

2. Applicant is a member of:  None ;  AHA;  AQHA;  APHA;  ARIA;  NRCHA;  NRHA;  USDF;  USEF;  USHJA;  
 Other: \_\_\_\_\_

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  Horse Club  Umbrella

## PREMIUM / PAYMENT INFORMATION

	Total Amount of Insurance**		Premium Subtotal
<b>A. Arabian Horses</b>	\$ _____	x .0285*	= _____
<b>B. ASB, Dressage, Hunter Pony &amp; Morgan Horses:</b>	\$ _____	x .0300*	= _____
<b>C. Hunter/Jumper, Barrel, Roping &amp; Rodeo Horses:</b>	\$ _____	x .0350'	= _____
<b>D. Eventing Horses</b>	\$ _____	x .0365^	= _____
<b>E. Total Amount of Insurance, All Other Horses:</b>	\$ _____	x .0325	= _____
	<b>Enter the Premium Subtotal (A+B+C+D)</b>		= _____
	<b>Medical/Surgical Premium</b>		+ _____
	<b>Total Premium Subtotal or \$200, whichever is greater</b>		= _____
	<i>(\$200 fully earned minimum premium)</i>		
<b>Optional Liability†:</b>	<input type="checkbox"/> \$300,000 (\$58/horse)		
	<input type="checkbox"/> \$1,000,000 (\$85/horse)		
	†Liability option not available in HI.	x _____ (number of horses covered)	+ _____
	<b>TOTAL PREMIUM</b>		= _____

\*\*Amount of insurance cannot exceed \$50,000 per horse. Hassle Free Mortality rate includes guaranteed renewal on mortality coverage. For horses greater than \$50,000, complete a Standard All-Risk Mortality & Theft application.

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.

(OVER)

Please duplicate this page to insure other horses.

**HORSE INFORMATION - Horses currently in transit are not insurable.**

Hassle Free Mortality available for horse(s) valued up to \$50,000 and between 91 days and 15 years old.

Race Horses, Tennessee Walkers, Racking, Miniature Horses, Paso Finos, Peruvian Pasos, Endurance & Distance Trail Riding, Draft & Halter Show Horses or Halter Breeding Stock are not eligible for this program, complete our Standard All-Risk Mortality & Theft application 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  Reined Cow  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** (Minimum insured value of \$2,500 required. Rates and coverages can vary by state.)

Free Emergency Colic Surgery: \$2,500 limit / \$0 deductible; now automatically included on eligible policies.

OR  Surgical Only: \$5,000 limit; \$50 deductible; \$169 premium

Medical/Surgical: \$375 deductible; \$8,000 & \$10,000 Medical/Surgical Limits (horse's insured value must be greater than the limit)

**Limits (Choose One)**

**\$5,000 limit**

- \$307 premium
- \$245 premium (with 25% co-pay)

**\$8,000 limit**

- \$380 premium
- \$318 premium (with 25% co-pay)

**\$10,000 limit**

- \$428 premium
- \$367 premium (with 25% co-pay)

(Other limits may be available. Contact our office at (800) 446-7925.)

**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. Is horse in competition?  Yes  No If yes, how many times a year? \_\_\_\_ List classes/divisions: \_\_\_\_\_

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

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

**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 numbered 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 another person files an application for insurance or statement of claim 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 DC, LA, ME, TN and VA, 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: \_\_\_\_\_

Thank you for your business.