Standard All Risk Mortality & Theft Application

(Minimum policy premium $200 fully earned.)

Sue Fox of Insurance, Inc.
2 Park Center Court, Owings Mill, MD 21117
Phone: (800) 426-6220 • Fax: (410) 753-1899
Email: sfox@insurance-inc.com

If you would like to add a horse to an existing policy, 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. Applicant is a member of: ☐ None; ☐ AHA; ☐ AQHA; ☐ APHA; ☐ ARIA; ☐ NRCHA; ☐ NRHA; ☐ USDF; ☐ USEF; ☐ USHJA; ☐ Other:______
5. Horse to be covered by this policy: ______ Total Number of horses owned: ______

Name* & Registration #	Breed	Birth Date	Color	Sex	Use	Date Purchased	Purchase Price+	Amt of Insurance+

* 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.

6. **OPTIONAL COVERAGES** (Minimum insured value of $2,500 required. Rates may vary by state and coverage restrictions may apply. Not available for race horses or horses in race training and must be approved by an Underwriter.)

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

☐ **Surgical Only**: $5,000 limit; $50 deductible; $169 premium

OR

☐ **Medical/Surgical:** $8,000 & $10,000 Medical/Surgical Limits (horse's insured value must be greater than the limit)
$15,000 Medical/Surgical Limit (horse's insured value must be $50,000 or more)

Limits (Choose One)			
$5,000 limit ($375 deductible)	**$8,000 limit ($375 deductible)**	**$10,000 limit ($375 deductible)**	**$15,000 limit ($500 deductible)**
☐ $307 premium	☐ $380 premium	☐ $428 premium	☐ $511 premium
☐ $245 premium (with 25% co-pay)	☐ $318 premium (with 25% co-pay)	☐ $367 premium (with 25% co-pay)	--

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

☐ **Permanent Disability:** Available to performance horses (not all uses) greater than $10,000 only.
☐ **Personal Horse Liability:** Not applicable for commercial equine operations.
☐ **Stallion Infertility Due to Accident, Sickness or Disease**

7. Would you like additional information on the following coverages? ☐ Farm ☐ Commercial Equine Liability ☐ Horse Club ☐ Umbrella
8. a.) Have you had any horse mortality, medical/surgical and/or liability claims or losses whether insured or not? ☐ Yes ☐ No
   b.) If yes, explain: ______
9. 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: ______
10. 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: ______
11. 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? **If yes, contact our office for a Leased Justification of Value form.** ☐ Yes ☐ No
12. a.) Was purchase price ☐ cash, ☐ check, ☐ trade ☐ other: ______
    b.) If trade/other, provide full details including a copy of the Bill of Sale/Receipt. ______
13. List stud fee paid for all homebred foals: $______
14. 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? *If yes, provide details on separate sheet.* ☐ Yes ☐ No
15. a.) American Quarter /Paint/Appaloosa Horse: Does the horse have pedigree link to HYPP? ☐ Yes ☐ No ☐ N/A
    b.) Test Results **(Note: H/H horses are not insurable.)**:______ c.) If N/H, has horse had any HYPP episodes? ☐ Yes ☐ No
16. a.) Name & location of person who has care, custody & control:______ b.) Number of years of experience:______
17. Name & phone number of regular vet: ______
18. Is horse on inoculation and worming program supervised by vet? ☐ Yes ☐ No If no, provide details: ______
19. Is horse in competition? ☐ Yes ☐ No If yes, how many times a year?____ List classes/divisions: ______

Fraud Warning and Applicant Signature

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!

 (Rev. 2/25/2013)

Veterinary Certificate of Examination

Named Insured: ______________________					Policy Number (if existing policy): ______________
Horse Name & Tattoo Or Reg. No.	**Breed**	**Age**	**Color**	**Sex**	**Sire/Dam**

Owned by, if other than insured: ____________________ **Location of animal(s):** ____________

The horse being examined should be moved about outside of the stall to demonstrate soundness of limb and freedom of movement. Careful observation should be made as to housing conditions and the presence of contagious disease.
Please request additional form for permanent disability coverage.

TO THE VETERINARIAN: Horses with a history of colic, founder or nerving may not be insurable. If there is evidence or knowledge of these problems, please provide all details. **I,** ____________________**, do certify that I am a graduate Veterinarian holding a current license to practice in** ________ **(indicate state). Are you the usual Veterinarian?** ☐ **Yes** ☐ **No**

1. Pulse & respiration normal? ☐ Yes ☐ No
2. Temperature normal? ☐ Yes ☐ No
3. Eyes clinically normal? ☐ Yes ☐ No
4. Heart auscultated & found normal? ☐ Yes ☐ No
5. History or evidence of bleeder? ☐ Yes ☐ No
6. History of evidence of nerving? ☐ Yes ☐ No
7. Ever been treated for navicular disease, Arthritis, laminitis or founder? ☐ Yes ☐ No
8. Any indication or history of lameness and/or faulty conformation? ☐ Yes ☐ No
9. Any diagnostic procedures, including ultrasounds, x-rays, bone scans, etc…? ☐ Yes ☐ No
10. Are any preventive treatment(s) / supplements used including, intramuscular and/or intravenous? ☐ Yes ☐ No
    If yes, give details:______________________
11. Are any Intra-articular Injections used? ☐ Yes ☐ No
    If yes, give details:______________________
12. Evidence of firing or blistering? ☐ Yes ☐ No
13. Any conditions detrimental to satisfactory breeding? ☐ Yes ☐ No
14. Ever been tested/treated for EPM? ☐ Yes ☐ No
    If yes, Date: __________ Results:______________
15. Any episodes related to HYPP? ☐ Yes ☐ No
16. Any indication of infectious disease? ☐ Yes ☐ No
17. Contagious disease on premises or in neighborhood? ☐ Yes ☐ No
18. Any clinical evidence of objectionable vices or habits? ☐ Yes ☐ No
19. Is the stabling and/or fencing adequate? ☐ Yes ☐ No
20. Have you discussed the horse's health history with the owner or caretaker? ☐ Yes ☐ No
21. Has a complete pre-purchase or soundness exam been performed within the past 90 days? ☐ Yes ☐ No
    (Provide details of any abnormal results.)
22. 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.
23. Subject to or any history of gastro intestinal/digestive disorders? ☐ Yes ☐ No
24. a.) Has any surgery been performed? ☐ Yes ☐ No
    b.) If yes, has horse fully recovered? ☐ Yes ☐ No
    If yes, attach details on separate page.
25. Is there likelihood of future danger to life or limb as a result of such surgery? ☐ Yes ☐ No
26. If male, are both testicles evident? ☐ Yes ☐ No
27. Has horse been castrated? ☐ Yes ☐ No
28. a. If female, is she reported in foal? ☐ Yes ☐ No
    b. If in foal, give due date: __________

For foals 24 hours to 90 days of age, you must also complete the following questions.

29. Was birth normal with no complications? ☐ Yes ☐ No
    If no, attach details on separate page.
30. Date and time of birth:______________________
31. Normal urination & bowel movement? ☐ Yes ☐ No
32. Has foal received any medication? ☐ Yes ☐ No
33. Is IgG/CBC normal on this date? ☐ Yes ☐ No

Give complete details in regard to any the above questions that might have a bearing on the health or conformation or soundness of this horse: ____

Are any of these horses receiving any medication? If so, give details: ______________________

In addition, are there any other medical facts that you feel should be brought to the attention of the Company? ______________

Except as noted above, I certify that to the best of my knowledge & belief the horse is healthy & insurable sound.

Signature: ____________________ Phone Number: (____)__________ Fax Number: (____)__________

Address: ______________________________ Date & Time of Exam: ______________

This certificate must be received by the Company within 30 days of the exam date and/or prior to renewal.
Please note the owner/agent is responsible for submitting this form to the Insurance Company.

Markel
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