



**MARKEL
INSURANCE
COMPANY**

Standard All Risk Mortality & Theft Application

(Minimum policy premium \$200 fully earned.)

Sypolt Insurance Services, Inc.

11344 Coloma Road, Suite 635, Gold River, CA 95670

Tel: 916-669-1362 or 800-995-4770, Fax: 916-669-1363 License #OD10217

If you would like to add a horse(s) to an existing policy, please indicate the current policy number: _____

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

Effective Date: _____

1. Named Insured – Full Name(s)/DBA: _____
2. Address: _____
City: _____ State: _____ Zip: _____ Home Phone No.: _____ - _____ - _____
3. Business Phone No.: _____ - _____ - _____ Fax Number: _____ - _____ - _____ Email Address: _____
4. Total Number of horses to be covered by this policy: _____ Total Number of Horses Owned: _____

Horse No.	Name* & Registration #	Breed	Birth Date	Color	Sex	Use	Date Purchased	Purchase Price*	Amount of Insurance+
1									
2									
3									

*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.

5. Optional Coverage's (NOTE: Rates and Coverage's may vary in certain states.)

Choose One: <input type="checkbox"/> Medical / Surgical Plan 1** OR <input type="checkbox"/> Medical / Surgical Plan 2**	\$8,000 limit per horse per policy term, up to 15 years old Plan 1: \$232 Premium (\$500 Deductible, 25% Co Pay) Plan 2: \$351 Premium (\$250 Deductible)	Apply Coverage to: <input type="checkbox"/> Horse 1 <input type="checkbox"/> Horse 2 <input type="checkbox"/> Horse 3
<input type="checkbox"/> Surgical**	Available to horses up to 18 years old \$140 Premium, \$50 Deductible, \$5,000 limit	Apply Coverage to: <input type="checkbox"/> Horse 1 <input type="checkbox"/> Horse 2 <input type="checkbox"/> Horse 3
Please call for further details: <input type="checkbox"/> Permanent Disability – Available to performance horses (not all uses) greater than \$10,000 only. <input type="checkbox"/> Personal Horse Liability – Not applicable for commercial equine operations. <input type="checkbox"/> Stallion Infertility Due to Accident, Sickness or Disease		

** Not available for race horses or horses in race training and must be approved by an Underwriter

6. 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: _____
7. 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 details: _____
8. 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: _____
9. 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? Yes No **If yes, please contact our office for a Leased Justification of Value form.**
d.) If yes, Name & Address if loss payee/lessee: _____

10. a.) Was the purchase price cash, check, trade, other: _____
 b.) If trade/other, provide full details including a copy of the Bill of Sale/Receipt. _____
11. List stud fee paid for all homebred foals: \$ _____
12. 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.*
13. a.) American Quarter Horse/Appaloosa/American Paint Horse: Does the horse have a pedigree link to HYPP? Yes No *If no, go to #14*
 b.) Test Date _____
 c.) Test Result (Note: H/H horses are not insurable.): _____
 d.) If N/H, has horse had any HYPP episodes? Yes No
14. a.) Name and location of person who has care, custody and control: _____
 b.) Number of years of experience: _____
 c.) Age, type and condition of building and fencing: _____
15. If horses are not stabled, are they kept in an open pasture? Yes No
16. a.) Are video monitors used for foal watch? Yes No
 b.) Is transportation readily available for emergencies? Yes No
17. Name and phone number of regular vet: _____
18. Is horse on inoculation and worming program supervised by vet? Yes No *If no, provide details:* _____
19. a.) How many miles to closest surgical facility? _____
 b.) Is regular vet on staff there? Yes No
20. Is horse in competition? Yes No *If yes, how many times a year?* _____ *List classes/divisions:* _____
21. a.) Is horse used in rodeo events? Yes No
 b.) Is horse shipped more than 12 times a year? Yes No
 c.) Is horse shipped more than 200 miles any trip? Yes No
 d.) Does mare or stallion travel to be bred? Yes No
22. Indicate if you are interested in the following coverage's: Liability Farm Care, Custody & Control Riding Club Umbrella

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, Main, 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, The Insurance Company with Horse Sense!