



Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009
Telephone: (800) 262-7535 Fax: (804) 527-7999
Email applications to: agapplications@markelcorp.com
Website: horseinsurance.com

Declaration of health

Markel agent number: _____ Submission or policy number: _____

Insured's name: _____

Phone #: _____ Fax #: _____ Email: _____

Horses' name: _____ Registration number: _____

Request – Check all that apply:

<input type="checkbox"/> Renew/ Rebind insurance	<input type="checkbox"/> Increase value to: \$ _____ (Complete Substation Of Value form.)	<input type="checkbox"/> Add coverage: <input type="checkbox"/> Surgical only <input type="checkbox"/> Medical / Surgical
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Health Questions

- Has the above horse suffered from any injury, illness, lameness or disease? Yes No
- Has the above horse suffered from colic or any other gastro-intestinal related illness at any time? Yes No
- Has the above horse undergone surgery (other than castration) or been fired, blistered, de-nerved, treated, or examined for lameness? Yes No
- Has the above horse been examined by a veterinarian for anything other than routine care? Yes No
- Does the above horse receive any medication? Yes No
- If mare, is the above horse in foal? Yes No
If yes, due date: _____

Details

If you answered "yes" to any question #1-5 above, please provide details including date(s), diagnosis, treatment and recovery. Continue on separate sheet of paper if needed.

NOTE: This Declaration becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before you electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

I hereby certify that to the best of my knowledge and belief, the information provided is true and complete and that no information, which would materially affect this insurance, has been withheld.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____

Thank you for choosing Markel!