

MARKEL INSURANCE COMPANY

Equine Application for Insurance

Agent: Anya Sheckley – Hammertown Insurance Agency

PO Box 90, Pine Plains, NY 12567

Tel: 646-872-6843 Fax: 518-398-5143 Email: info@hammertowninsurance.com

Desired Effective Date: _____

1. Name of Applicant: _____ Stable Name/business Identity: _____

2. Telephone Number: _____ Cell: _____ Office: _____

3. Address: _____

City: _____ State _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

4. Is this: New Business A Renewal Additional Coverage

5. Coverage Desired Full Mortality Specified Perils

6. Total number of horses to be covered by this policy: _____ Total number of horses owned: _____

1.	Name of Animal (Sire & Dam if unnamed foal)		Use	Sex	Purchase Price or Stud Fee if Homebred	
	Breed	Registration #	Color	DOB	Date Purchased	Amount Desired
2.	Name of Animal (Sire & Dam if unnamed foal)		Use	Sex	Purchase Price or Stud Fee if Homebred	
	Breed	Registration #	Color	DOB	Date Purchased	Amount Desired
3.	Name of Animal (Sire & Dam if unnamed foal)		Use	Sex	Purchase Price or Stud Fee if Homebred	
	Breed	Registration #	Color	DOB	Date Purchased	Amount Desired

USE A SEPARATE PIECE OF PAPER TO INCLUDE ADDITIONAL HORSES

Optional Coverages (rates may vary by state and coverage restrictions may apply):

Stallion Infertility due to Accident, Sickness & Disease Colic Surgery

Apply coverage to: Horse 1 Horse 2 Horse 3

7. 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: _____

8. 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: _____

9. 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: _____

10.a) Are you the sole owner of the horse(s)? Yes No

b) If no, other Owner's Name & Address: _____

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11.a) Name and address of person who has or will have care, custody and control of horse (trainer, boarding farm, etc):

12. Name and address of regular veterinarian: _____

13. Please list any other horses owned in the last 5 years and the insurance company if insured: _____

14. Where are you currently licensed to own racehorses? _____

15. Have you ever filed bankruptcy? Yes No If so, when? _____

16. Are there any outstanding Judgments against you? Yes No If yes, please explain: _____

17. Are you currently a defendant in any legal proceedings? Yes No If yes, Please explain: _____

18. a) Employer Name: _____ Position/Type of Business: _____

b) Employer address: _____ Telephone Number: _____

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.

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.

I understand that submission of this application does not guarantee coverage. Coverage is not in effect until a written Binder is provided.

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: _____