

Markel Insurance Company Pagan Gilman 300 Cherokee Hill Lane, Tryon, NC 28782 Office: (470) 774-4146 Cell: (770) 283-7344 Fax: (877) 313-9922 Email applications to: pagan@lisasegerinsurance.com Website: lisasegerinsurance.com

Animal Mortality Insurance Application

Only horses declared on this application will be covered, unless otherwise endorsed. Coverage is not bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not automatically bind coverage until the completed application is approved. In the event the Company does not approve your application, your premium payment will be returned. Sample policy wording can be provided upon request. Horses over the age of 25, or are currently in transit (on a trailer being transported) are not eligible for insurance. Horse insurance must be purchased before being transported, or once they reach their final destination. Rates for the following breeds and uses will vary, please call for a quote. Those breeds and uses include: Tennessee Walkers, Racking, miniature horses, Paso Finos, Peruvian Pasos, Drafts, endurance and distance trail riding, and halter show and halter breeding stock (Quarter horses, Paint horses, and Appaloosas ONLY).

| Desired effective date: | Mark | Markel agent name/number: | | | | |
|--------------------------------------|-----------|--|-----------|--|--|--|
| Named insured: | | | Website: | | | |
| Email: | Phone: | | Cell: | | | |
| Mailing address: | | | | | | |
| City: | | State: | Zip code: | | | |
| Primary contact name: | | | Phone: | | | |
| Please send the insurance policy by: | (policy d | Email/Electronic delivery (policy documents will be delivered to the email address provided above) Mail the policy via USPS (allow 7-10 business days for receipt) | | | | |

When selecting email/electronic delivery of policy documents, applicant/insured acknowledges review of Markel's electronic terms and conditions (<u>https://www.markel.com/insurance/markel-electronic-delivery-and-signature-consent-disclosure</u>) and gives Markel the permission to deliver documents electronically. Document delivery preferences can be updated at any time by a Markel representative, or by logging into a Markel portal account at <u>https://portal.markelinsurance.com</u>.

Section 1 – Customer Information (Applicant must be at least 18 years of age.)

- 1. Type of legal entity:
 individual
 corporation
 partnership
 joint venture
 LLC
 trust
 organization
- 2. How many horses do you own:
- 3. How many horses do you want to insure on this policy: (If more than one horse, complete the additional horse supplement for each horse to b added on the policy.)
- 4. Are you a member of any horse related associations: □ None □ AHA □ AQHA □ APHA □ ARIA □ NRCHA □ NRHA □ NSBA □ USDF □ USEF □ USHJA □ Other:
- 5. Have you had any horse mortality, medical/surgical and/or liability claims or losses whether insured or not?
 Yes No

If yes: how many claims or losses:

Provide a description of claims or losses:

6. Do you have a current Markel policy?

If yes, add this horse(s) to your existing policy? \Box Yes \Box No

Current Markel policy number: _

7. Are you insured other horses with another company/agency? \square Yes \square No

If yes: Company / agency name:

Expiration date:

Section 2 – Horse Information | Horses are ineligible for insurance if currently in transit (on a trailer being transported), are due to foal within 30 days, OR who have foaled in the past 30 days. Photos are required for unregistered horses. Complete the additional horse supplement for each horse to be included on the policy.

| | | 5 | | 1 5 | | |
|----|--|---|--------------------------------------|-------------------------|--|--|
| 1 | . Registered name: | | Barn name: | | | |
| | For unnamed foal, sire's name: | | Dam's name: | | | |
| 2 | . Registration number/tattoo number: | | Microchip number: | | | |
| | Breed: | | Color: | | | |
| | Gender: □ colt □ filly □ gelding □ stallio | n 🗆 unborn foal 🗆 m | are - In foal? 🗆 Yes 🗖 No; appro | ximate due date: | | |
| | Date of ownership: | Date of birth: | | | | |
| | Use category: 🗆 competition/show/training 🗖 | breeding D pleasure | (non-performance); Use*: | | | |
| | *List specific use of horse. ie: Reining, hunter/jump | per, dressage, or class use | L | | | |
| 3 | . Purchase price or stud fee: \$ | Does the purch | hase price or stud fee involve other | than cash? 	☐ Yes 	☐ No | | |
| | Amount of insurance desired: \$ | | | | | |
| | Provide details, if amount of insurance desir | ed does not equal am | ount paid, or involves other than | cash (i.e. trade): | | |
| 4. | . Do you have care, custody and control of this a | animal? 🗆 Yes 🗖 No | If no, complete this horse loca | tion information: | | |
| | Is the horse located within the continental Unite | | | | | |
| | Name: | Address: | | | | |
| | | City: | State | 2: | | |
| 5 | . Is the animal being leased to or from another | 2 | | | | |
| | Number of lessors or lessees (not including | | ,, , | | | |
| | | Is the other party the lessor or lessee in the lease agreement: \Box lessor \Box lessee | | | | |
| | Does lease include option to purchase the ai | - | | e agreement: \$ | | |
| | Mailing address: United States Intern | | | | | |
| | Name: | Address: | | | | |
| | | City: | State | 2. | | |
| 6 | Are you the sole owner? \Box Yes \Box No | | If no, complete horse owner in | | | |
| | Number of additional owners (not including th | e applicant). | Mailing address: United Sta | | | |
| | Name: | Address: | | | | |
| | | City: | State | e: | | |
| | Percentage of ownership: % | | | | | |
| De | eclaration of Health: At inception of the policy, a | II animals must be sou | nd, healthy and have no known in | jury, illness, lameness | | |
| | disease. Pre-existing conditions are not covered | • | • • • • | | | |
| 1. | Is the horse on an inoculation and dewormin | g program approved i | oy a veterinarian? | □ Yes □ No | | |
| 8. | If no, explain: Does the pedigree have HYPP linkage? (Note | e: H/H horses are not in: | surable.) | 🗆 Yes 🗖 No | | |
| | f yes, provide date of testing, results, and it | | | | | |
| | | | | | | |
| 9. | . Does your horse have, or has it had, any of the following health conditions? a. History of injury, illness, lameness or disease | | | 🗆 Yes 🗖 No | | |
| | b. Colic or any other gastro-intestinal related | d disease | | | | |
| | c. Surgery (other than castration), been fired. Conformation that affects the horse's abili | ity to be used for the purp | | | | |
| | e. Vet examination for anything other than r f. Receives medication | | | | | |
| | | | | | | |

If yes to any, provide details including date(s), diagnosis, treatment and recovery:

A completed, signed, and dated veterinary examination is required, and must be dated within thirty (30) days prior to effective date of your policy.

Section 3 – Optional Coverages (available per horse) | Optional coverages are provided at additional premium unless indicated otherwise. Optional coverage premiums are fully earned and not eligible for refund if policy is canceled. Terms and conditions for rate and coverage may vary by state. A veterinarian examination may be required.

1. Emergency colic surgery (ECS):

- \$2,500 limit included for horses with an insured value of \$2,500 to \$4,999
- \$5,000 limit included for horses with an insured value of \$5,000 or greater
- Higher limits available for additional premium (select option below):

□ Increase ECS limit to \$7,500 (\$75 premium) – Eligible for horses with an insured value of \$7,500 or greater

□ Increase ECS limit to \$10,000 (\$150 premium) – Eligible for horses with an insured value of \$10,000 or greater

- 2. Surgical only OR Medical/Surgical: Surgical only or medical/surgical coverage limit cannot exceed the amount of mortality insurance desired. To qualify for Medical/Surgical coverage, the Mortality insured value must be at least 75% of the proven value of the horse. For example, you must purchase at least \$7,500 of mortality coverage, on a horse purchased for \$10,000. All medical surgical plans include a 20% copay.
 - a. Surgical only (\$50 deductible): Limit: □ \$5,000 (Premium: \$249) □ \$10,000 (Premium: \$334) NOTE: Rates may vary by state.
 - b. Medical/Surgical:

| ine alean e ul glean | | | | | |
|---|----------|---|--|--|--|
| For all states (except CA, CO, DC, FL, LA, MD, MO, MT, | | \$5,000 Deductible: \$375 Premium: \$449 \$10,000 Deductible: \$500 Premium: \$570 | | | |
| OH, PA, WA) | | | | | |
| For CO, DC, LA, MD, MT, MO, | Limit: 🗆 | \$5,000 Deductible: \$375 Premium: \$427 | | | |
| OH, PA, WA only - | Limit: 🛛 | \$10,000 Deductible: \$500 Premium: \$543 | | | |
| For CA only – | Limit: 🗖 | \$5,000 Deductible: \$375 Premium: \$335 | | | |
| - | Limit: 🗖 | \$10,000 Deductible \$500 Premium: \$426 | | | |
| For FL only – | Limit: 🗆 | \$5,000 Deductible: \$375 Premium: \$298 | | | |
| - | Limit: 🗖 | \$10,000 Deductible \$500 Premium: \$338 | | | |

3. International transit / coverage territory extension: □ Yes □ No

This coverage is available for horses while awaiting transit/air transit to the United States; mortality coverage is extended to include new territorial limits. If yes, what country is the horse going to or coming from:

Date of departure or tentative shipping date:

Date of return or tentative shipping date:

Who will have care, custody or control while the animal is outside of the United States:

□ Stallion infertility due to accident, sickness or disease

Section 4 – Optional Coverages (applies to all insured horses) | Optional coverages are provided at additional premium unless indicated otherwise. Optional coverage premiums are fully earned and not eligible for refund if policy is canceled. Terms and conditions for rate and coverage may vary by state. A vet exam may be required.

- 1. Private horse owner liability: Limit: 🗆 \$300,000 (\$58/horse) 🗆 \$1,000,000 (\$85/horse) (Applies to all insured horses; not applicable for commercial operations.)
- Equine essentials enhancement: For an additional premium, this enhancement will provide the following coverages at the limits stated within each option. A \$250 deductible applies for all horse equipment coverage options. No deductible for emergency evacuation or necropsy and burial.

Option 1|\$89.00 premium

- Coverages included:
- Owned horse equipment: \$2,500 limit per item; \$5,000 per occurrence
- Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
- Emergency evacuation: \$30 per day up to 15 days
- Necropsy and burial: \$500 per horse

□ Option 2 | \$164.00 premium

Coverages included:

- Owned horse equipment: \$5,000 limit per item; \$10,000 per occurrence
- Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
- Emergency evacuation: \$30 per day up to 15 days
- Necropsy and burial: \$500 per horse

Option 3 | \$239.00 premium

Coverages included:

- Owned horse equipment: \$7,500 limit per item; \$15,000 per occurrence
- Non-owned horse equipment: \$500 limit per item; \$1,500 per occurrence
- Emergency evacuation: \$30 per day up to 15 days
- Necropsy and burial: \$500 per horse

Section 5 – Premium / Payment Information | *Hassle free mortality rates below are for horse(s) valued at \$50k or less and between 91 days and 15 years old. Rates will vary by age, value, breed and/or use for horse(s) outside of the hassle free mortality eligibility.

| | Total amount of insurance | | Rate | Premium subtotal | | |
|---|---------------------------|------------------------------------|---------------------|-------------------------------|--|--|
| A. Arabian horses: | \$ | Х | .0285* | = \$ | | |
| B. ASB, Dressage, Cutting, Hackney, Hunter pony, Morgans, Ranch riding, | | | | | | |
| Reining, Reined cow horses: | \$ | Х | .0300* | = \$ | | |
| C. Hunter/Jumper, Roping/rodeo horses: | \$ | Х | .0350* | = \$ | | |
| D. Eventing horses: | \$ | Х | .0365* | = \$ | | |
| E. Barrel racing: New Rate! | \$ | Х | .0325* | = \$ | | |
| F. All other horse breeds/disciplines: | \$ | Х | .0325* | = \$ | | |
| G. Over age horses (16 – 18 years old): | \$ | Х | | = \$ | | |
| Mortality premium subtotal - minimum premium fully earned (A+B+C+D+E+F+G) = \$ | | | | | | |
| Emergency Colic Surgery (ECS) increased limit premium from page 3 ($$75$ /horse or $$150$ /horse) + $$$ | | | | | | |
| Surgical only OR medical/surgical premium from page 3 (premium is fully earned) $+$ \$ | | | | | | |
| Equine Essentials Enhancement premium from page 3 + \$ | | | | | | |
| Private Horse liability: (\$58/horse or \$85/horse based on limit from page 3) X (# of horses covered) + \$ | | | | | | |
| | | То | tal Policy Premi | um = \$ | | |
| Payment amount: Full annual premium C Billing preference: Invoice me | | it plan \$5 fee a credit card | added per installme | ent (\$4 per installment in F | | |

How did applicant hear about Markel? □ Convention/conference □ Industry magazine ad □ Insurance magazine □ Markel Sales Team □ Referral Website Other: □ Please specify:

Notice of information practices: Personal information about the applicant, including information from an investigative report, may be collected from persons other than the applicant in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without the applicant's authorization. If applicable, credit scoring information may be used to help determine either the applicant's eligibility for insurance or the premium the applicant will be charged. The applicant has the right to review the applicant's personal information in our files and can request correction of any inaccuracies. For a more detailed description of the applicant's rights and our practices regarding such information visit https://www.markel.com/privacy-policy. Contact your agent or broker for instructions on how to submit a request to us.

Fraud warnings: Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only. To access state specific fraud warnings, visit our website at: https://www.markel.com/insurance/personal-and-commercial-lines-policyholder-application-fraud-warnings

Agreement: The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He / she represents that the answers are true, correct and complete to the best of his / her knowledge. The undersigned authorized representative agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he / she will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to purchase the insurance.

Applicant's signature & date:

Licensed agent's signature & date (if applicable):

Agent's resident license number (Florida only):

Servicing agent name:

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