



# Agri-Risk Services, Inc./Markel Insurance

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[www.agririsk.com](http://www.agririsk.com)

## Equine Insurance Application

Desired Effective Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(confidential) \_\_\_\_\_

### Coverage Requested

- Full Mortality & Theft (includes limited colic surgery)
- Medical / Surgical:  \$5,000;  \$8,000;  \$10,000 Limit
- Surgical only: \$5,000 Limit
- Private Horse Owner Liability:  \$300,000 or  \$1,000,000
- Permanent Disability (Loss of Use);  Limited Permanent Disability (Accidental Loss of Use);
- Stallion Infertility;  Air Transit

### Premium Payment Options

- Check for total premium attached or Charge  Visa  MasterCard
- Pay with on-line Secure Check: <http://www.agririsk.com>, then click "Make a Payment"
- Installments: (4-Pay Plan) 25% down payment plus installment fee with application. Then billed in 3 equal installments every 60 days. (\$5 fee per installment. \$4 for Florida residents.)

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ \*3 Digit CVN: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*For your protection, the 3 digit CVN (Card Verification Number) on the back of your credit card and street address (if different from mailing address) with zip code is required for processing. The 3 digit CVN is usually printed on the signature panel on the back of the card immediately after the card number or partial card number. For simplicity, the CVN is always the last three digits shown on the signature panel.

Comments: \_\_\_\_\_

Horse's Name	Tattoo or Reg. #*	Sex**	Date of Birth	Exact Use	Breed	Date Acquired	Purchase Price	Amount Insured***
#1								
#2								
#3								

**\*Non-Registered animals - Please Provide 3 Photos (each side and front) \*\*Use these codes: M - Mare; S - Stallion; F - Filly; C - Colt; G - Gelding \*\*\* Amounts other than purchase price are subject to Company acceptance. See #8. NOTE: THIS IS NOT A BINDER. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**

1. Are you making payments on the horse(s)?  Yes  No

2. Is any horse listed above being leased or taken on trial?  Yes  No  
If yes to either question, list name and address of current owner/lien holder: \_\_\_\_\_

3. Is any horse listed above stabled outside of the United States?  Yes  No

4. Name, address and phone number of your usual veterinarian: \_\_\_\_\_

5. List current or maintenance medication(s), other than vaccines and wormers: \_\_\_\_\_

6. Has any company canceled or refused to renew your coverage?  Yes  No  
If yes, give company, date and reason given for company action: \_\_\_\_\_

7. Has any horse owned by you died in the past three years?  Yes  No  
If yes, state cause(s) and date(s). \_\_\_\_\_

8. For any horses not insured at purchase price, supply stud fee, performance/show record, breeding record, and/or level of training. \_\_\_\_\_

9. I declare, to the best of my knowledge, that the animals named above have been free from illness, injury, lameness or disease. These animals have not had any type of colic or gastrointestinal disorders, de-nerving, degenerative joint disease, founder, laminitis or surgery of any kind, nor required the care of a veterinarian (other than routine care) except as noted: \_\_\_\_\_

I understand that the insurance being applied for, if accepted by the Company, will be based on the statements made in this application. **Concealment or Fraud:** This policy is void if YOU have concealed or misrepresented any material fact or circumstance relating to this insurance. I have read and understand the FRAUD WARNING NOTICES on page 2 of this document.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **FRAUD WARNING NOTICES**

**STANDARD:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Warning: Any person who knowingly, and with intent to defraud any insurance company or any 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value for each such violation.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subject the person to criminal and civil penalties.

**I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS APPLICATION DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS APPLICATION IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS APPLICATION ARE CONCEALED OR FALSELY STATED, THE POLICY MAY BE MODIFIED, RESCINDED, OR DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY AND IN ACCORDANCE WITH ANY APPLICABLE STATE LAWS.**

**How did you hear about us? (Check one)**

- YAHOO                       GOOGLE  
 MAGAZINE                   REFERRAL Name: \_\_\_\_\_

**Can we send you information on:**

- FARMOWNERS               COMMERCIAL STABLE LIABILITY  
 TACK                               PERSONAL HORSEOWNERS  
 CARRIAGE RIDES           CARE, CUSTODY OR CONTROL  
 Other: \_\_\_\_\_

**NOTICE TO ALL STATES: It is an insurance coverage requirement that the company be immediately notified of any loss, injury, illness and/or commencement of any "veterinary services" or "diagnostic testing" performed on any animal. Company permission prior to elective surgical procedures is also an insurance coverage requirement. Failure to comply with such requirements could jeopardize coverage or claim settlement.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_