



Markel Insurance Company
 P.O. Box 2009, Glen Allen, VA 23058-2009
 Telephone: (800) 262-7535 Fax: (804) 527-7784
 Email applications to: agapplications@markelcorp.com
 Website: horseinsurance.com

Private horse owner liability supplement

Markel agent number: _____ Submission or policy number: _____

Applicant's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Effective date of change: _____ (If adding a horse, effective date will be confirmed by company.)

Section 1 – Mailing address change Complete this section if there is a change in your mailing address.

Original mailing address: _____

City: _____ State: _____ Zip code: _____

New mailing address: _____

City: _____ State: _____ Zip code: _____

Section 2 –Add and delete horses Complete this section to add or delete horses.

1.	Horse name:						<input type="checkbox"/> Add <input type="checkbox"/> Delete
	Age:	% of Ownership:	%	Use:	Color:	Sex:	Breed:
2.	Horse name:						<input type="checkbox"/> Add <input type="checkbox"/> Delete
	Age:	% of Ownership:	%	Use:	Color:	Sex:	Breed:
3.	Horse name:						<input type="checkbox"/> Add <input type="checkbox"/> Delete
	Age:	% of Ownership:	%	Use:	Color:	Sex:	Breed:
4.	Horse name:						<input type="checkbox"/> Add <input type="checkbox"/> Delete
	Age:	% of Ownership:	%	Use:	Color:	Sex:	Breed:
5.	Horse name:						<input type="checkbox"/> Add <input type="checkbox"/> Delete
	Age:	% of Ownership:	%	Use:	Color:	Sex:	Breed:
6.	Horse name:						<input type="checkbox"/> Add <input type="checkbox"/> Delete
	Age:	% of Ownership:	%	Use:	Color:	Sex:	Breed:

For unnamed horses: In Horse name area, write "Unnamed Horse", Sire and Dam's name, and year horse was born.

Section 3 – Horse name changes Complete this section if there is a change to the name of the horse.

1. Name as stated on policy: _____ New horse name: _____

2. Name as stated on policy: _____ New horse name: _____

Section 4 – Breeding (no products liability provided) No exposure

1. Number of horses bred per year: _____

2. a. Are mares, not owned by you, kept on premises until foaling? Yes No

b. Number of mares not owned by you: _____

3. Are owned stallions shipped off premises for breeding? Yes No

4. Any sales and/or shipment of semen? Yes No

5. Annual receipts from breeding operation: \$_____

Additional information/comments

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NOTE: This Supplement 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 electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____