



Private Horse Owner Liability Supplement

P.O. Box 2009, Glen Allen, VA 23058-2009 Phone: (800) 262-7535 Fax: (804) 527-7784 Website: www.horseinsurance.com Email: agapplications@markelcorp.com

Policy Number: _____

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

Applicants Name: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

<input type="checkbox"/> Mailing Address Change		
Original Mailing Address:		
City: _____	State: _____	Zip Code: _____
New Mailing Address:		
City: _____	State: _____	Zip Code: _____

<input type="checkbox"/> Add / 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: Under Name of Horse, write "Unnamed Horse", Sire and Dam's name, and indicate year horse was born.

<input type="checkbox"/> Horse Name Changes	
1. Name as stated on policy: _____	New Horse Name: _____
2. Name as stated on policy: _____	New Horse Name: _____

Breeding Section (No products liability provided.) <input type="checkbox"/> No Exposure	
1. Number of horses bred per year: _____	
2. a. Are mares, not owned by you, kept on premises until foaling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Number of mares not owned by you: _____	
3. Are owned stallions shipped off premises for breeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any sales and/or shipment of semen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Receipts from breeding operation: \$ _____	

Additional Information / Comments

This supplement must be approved by Markel Insurance Company prior to coverage being bound.
This supplement becomes part of your application and must be signed and dated.

Applicant's Signature: _____ **Date:** _____

Broker's Signature: _____ **Date:** _____