



# APPLICATION FOR LIVESTOCK INSURANCE

## THIS IS NOT A BINDER



**Markel Agent # 53946**  
**California Agency # 0G87809**  
 (866) 844-2331 Fax (818) 748-1532  
 Email: info@legisequine.com  
 Website: www.legisequine.com

**IMPORTANT: No applications will be considered if not fully completed and signed by the Assured within 20 days of inception it required.**

Name and Address of Applicant	Phone Number	Policy Period	ADDITIONAL COVERAGES REQUESTED Enter Amounts			
-	Home:	From:	TYPE	ITEM #	ITEM #	ITEM #
-	Bus.:	To:	Major Medical			
-	Fax:	Noon STD Time	Air Transit			
			AgdVal\GuarRen			
			Loss of Use			
			Other			

**INSTRUCTIONS:**

1. Use these codes for sex of animal: M-Mare; S-Stallion; F-Filly; C-Colt; G-Gelding
- \* 2. Requests for amount of insurance if different from purchase price, are subject to Company acceptance.
- \*\* 3. For FOALS, please enter the actual month and day of birth.

Item: Name and Registration/Tattoo Number	Breed	Sex	Date of Birth **	Exact Use	Date Acquired	Acquired from Name/Address	Purchase Price <b>IMPORTANT</b>	Mortality Amt. Requested	Rate Co. Only

1. Are you the sole owner? \_\_\_\_\_ If no, list other owners and addresses.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Was purchase price paid by cash, trade or both? Give particulars.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Name/Address of Loss Payee, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Name/address/telephone of usual trainer and farm manager. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Are animals healthy and capable of performing intended use? \_\_\_\_\_  
 If no, describe. \_\_\_\_\_
6. Has animal ever been treated for accident, illness or lameness? \_\_\_\_\_  
 If yes, give date and description of treatment: \_\_\_\_\_  
 \_\_\_\_\_
7. Have animals been wormed and vaccinated regularly? \_\_\_\_\_  
 Frequency: \_\_\_\_\_
8. Are animals now insured? \_\_\_\_\_ Previously insured? \_\_\_\_\_ If yes  
 to either, what company and amount insured. \_\_\_\_\_  
 \_\_\_\_\_
9. Has any company cancelled or refused to renew your coverage? Yes / No  
 If yes, give company, date and reason give for company action.  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Has any horse owned by you died in the past three years? \_\_\_\_\_ If yes,  
 state cause(s) and date(s).  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Are you insuring other horses with another company? \_\_\_\_\_ If yes, how  
 many? \_\_\_\_\_ How are they used? \_\_\_\_\_
12. Name/address/telephone of your regular vet. \_\_\_\_\_  
 \_\_\_\_\_
13. How long has vet treated the horse(s)? \_\_\_\_\_

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 become a part of the policy should the 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.

**I hereby certify that the above-named horses have not had any sickness, illness, injury or disease in the last 12 months. If so give date and description of treatment.**

Applicant's Signature: _____ Date _____
Email Address: _____