



Hassle Free Mortality & Theft Application

Better Options Insurance Services, LLC

Phone (800) 264-7750 Fax (562) 372-3669

Email applications to: info@betteroptions.info



APPLICANT INFORMATION (Applicant must be at least 18 years of age.)

Name as it should appear on policy:
 Dr. Mr. Mrs. Ms. Other _____] _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____ Email Address: _____

1. Applicant is: Individual Joint Venture Organization Corporation Partnership

2. Applicant is a member of: None ; AHA; AQHA; APHA; ARIA; NRCHA; NRHA; USDF; USEF; USHJA; Other: _____

3. Total number of horses to be covered by this policy: _____ Total number of horses owned: _____

4. a. Have you had any horse mortality, medical/surgical and/or liability claims or losses whether insured or not? Yes No
 b. If yes, please explain: _____

5. a. Has any insurer ever refused, cancelled or non-renewed insurance for you or any of your owned horses? Yes No
 b. If yes, provide full details: _____

6. a. Are you insuring other horses with another company/agency? Yes No
 b. If yes, Company/Agency Name: _____ Expiration Date of Policy: _____

7. How did you hear about Markel Insurance Company? Better Options Insurance Services, LLC

8. Would you like additional information on the following coverages? Farm Commercial Equine Liability Horse Club Umbrella



Check here to receive your policy by email.

PREMIUM / PAYMENT INFORMATION

	Total Amount of Insurance**		Premium Subtotal
A. Arabian Horses	\$ _____	x .0285*	= \$ _____
B. ASB, Dressage, Hunter Pony, Morgan Horses, Reining and Reined Cow Horses:	\$ _____	x .0300*	= \$ _____
C. Hunter/Jumper, Barrel, Roping & Rodeo Horses:	\$ _____	x .0350*	= \$ _____
D. Eventing Horses	\$ _____	x .0365*	= \$ _____
E. Total Amount of Insurance, All Other Horses:	\$ _____	x .0325	= \$ _____
Enter the Premium Subtotal (A+B+C+D+E) =			\$ _____
Medical/Surgical Premium (fully earned)			+ \$ _____
Total Premium Subtotal or \$200, whichever is greater (\$200 fully earned minimum premium)			= \$ _____
Add Optional Liability: <input type="checkbox"/> \$300,000 (\$58/horse) <input type="checkbox"/> \$1,000,000 (\$85/horse) x _____ (# of horses covered)			+ \$ _____
TOTAL PREMIUM			= \$ _____

Payment information

Payment amount: full annual premium installments (4-pay plan: 25% down payment and installment fee required with application)
 Billed 3 equal installments every 60 days. \$5 fee per installment; in Florida, \$4 fee per installment.

Payment method: check cash credit/debit card send me an invoice

Amount of insurance cannot exceed **\$50,000 per horse. Hassle Free Mortality rate includes guaranteed renewal on mortality coverage. For horses greater than **\$50,000**, complete a Standard All-Risk Mortality & Theft application.

This application will become part of any policy issued as a result of its submission. Only horses declared on this application will be covered, unless otherwise endorsed. Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded. Premium may be adjusted by the Company. Sample Policy wording can be provided upon request.

Please duplicate this page to insure other horses.

HORSE INFORMATION - Horses currently in transit are not insurable.

Hassle Free Mortality available for horse(s) valued at \$50,000 or less and between 91 days and 15 years old.

Race Horses, Tennessee Walkers, Racking, Miniature Horses, Paso Finos, Peruvian Pasos, Endurance & Distance Trail Riding, Draft & Halter Show Horses or Halter Breeding Stock are not eligible for this program, complete our Standard All-Risk Mortality & Theft application for a quote. - Photographs required for all unregistered horses. -

Horse Name: _____ Registration Number: _____ Color: _____

For any unnamed foal, provide: Sire's Name: _____ Dam's Name: _____

Purchase Date: ____/____/____ Birth Date: ____/____/____

Purchase Price/Stud Fee Paid: \$ _____ Amount of Insurance**: \$ _____

****Note:** If amount of insurance does not equal purchase price/stud fee, attach full details including substantiation of value.

Breed: Arabian* Appaloosa ASB* Morgan* Paint Pony Quarter Thoroughbred Warmblood Other: _____

Use: Barrel Racing* Breeding Cutting Dressage* Eventing* Hunter* Hunter Under Saddle Jumper*
 Reining Reined Cow Trail Western Pleasure Other: _____

Sex: Colt Filly Gelding Stallion Mare If mare, is horse in foal? Yes No If yes, due date: _____

• Please note horses who are due to foal within 30 days or who have foaled in the past 30 days are ineligible.

Optional Coverages - Premiums are fully earned.

Emergency Colic Surgery: \$2,500 limit (\$0 deductible), automatically included on eligible policies / \$5,000 limit (\$50 premium)

Medical/Surgical or Surgical only - Limit cannot exceed Mortality insured value.

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. Rates may vary by state and coverage restrictions may apply. Not available for race horses or horses in race training and must be approved by an Underwriter.

Medical/Surgical for all states (except CA, DC, FL, & PA)

Medical/Surgical options (for CA, DC, & PA)

Medical/Surgical for FL only

Choose one of the following limits (with 20% copay)

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Choose one of the following limits (with 25% copay on first \$2,000)

\$5,000 limit
\$369 premium
\$375 deductible

\$10,000 limit
\$470 premium
\$500 deductible

\$5,000 limit
\$335 premium
\$375 deductible

\$10,000 limit
\$426 premium
\$500 deductible

\$5,000 limit
\$298 premium
\$375 deductible

\$10,000 limit
\$338 premium
\$500 deductible

Surgical only \$5,000 limit; \$50 deductible; \$205 premium (Note: rates may vary by state)

\$10,000 limit; \$50 deductible; \$270 premium (Note: rates may vary by state; not available in FL)

GENERAL INFORMATION

1. a. Was purchase price: cash check trade other: _____

b. If trade/other, provide full details including a copy of the Bill of Sale/Receipt.

2. a. Are you the sole owner? Yes No

b. If no, other owner's name and address: _____

3. a. Is horse being leased to or from another party? Yes No

b. If yes, provide name and address of lessor/lessee and contact our office for a leased JOV form: _____

4. Is horse in competition? Yes No If yes, how many times a year? ____ List classes/divisions: _____

5. a. Do you have care, custody and control of this animal? Yes No

b. If no, provide name and address of person who does: _____

DECLARATION OF HEALTH

At inception of the policy, all animals must be sound, healthy and have no known injury, illness, lameness or disease.

Pre-existing conditions are not covered, unless otherwise noted and agreed to by the Company.

1. Is horse on inoculation and worming program approved by a vet? Yes No

2. Does horse have any history of injury, illness, lameness or disease? Yes No

3. Has horse suffered from colic or any other gastro-intestinal related illness? Yes No

4. Has horse undergone surgery (other than castration), been fired, blistered, nerved, treated or examined for lameness? Yes No

5. Does the horse have conformation that could affect its ability to be used for the purpose described on this application? Yes No

6. Has horse been examined by a veterinarian for anything other than routine care? Yes No

Note: If seen for a pre-purchase exam, please submit a copy.

7. Does horse receive any medication? Yes No

8. If yes to questions numbered 2-7 above, please provide details including date(s), diagnosis, treatment and recovery.

9. a. **American Quarter Horse/Appaloosa/Paint Horse: Does pedigree have HYPP linkage?** Yes No

b. If yes, provide date of testing, results and if N/H, has the horse experienced any episodes? _____

Note: H/H horses are not insurable.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. In DC, LA, ME, TN and VA, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

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

Applicant's Printed Name: _____

Thank you for your business.