



Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009
Telephone: 800-262-7535 Fax: 804-527-7999
Email applications to: mortalityapps@markelcorp.com
Website: markelhorseandfarm.com

Justification of value – competition, breeding or in training

Insured's name: _____ Submission or policy number: _____

Phone: _____ Email: _____

Section 1 – Horse information

Name of horse: _____ Date of birth: _____

Sire: _____ Dam: _____

Section 2 - Show record for prior 12 months

<u>Name of show & rating</u>	<u>Date</u>	<u>Name of class or division</u>	<u>Number in class</u>	<u>Placing/Score</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Section 3 – Breeding record

Stallions: _____ Broodmares: _____

Number of mares bred/booked current year: _____ Total number of foals produced: _____

Stud fee for current year: _____ Average price paid for any foal: _____

Number of mares bred last year: _____ Is mare in foal now? Yes No

Stud fee for prior year: _____ If yes, name of sire and stud fee: _____

Section 4 – Training record

Trainer and location: _____

Cost of training per month (excluding boarding): \$ _____ Total number of months of training to date: _____

Type of training: _____

Comments: (If additional is needed, use a separate page.)

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: _____