



Justification of value

Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009

Email form to: horseinsurance@markel.com

Phone: 1.800.446.7925 Fax: 1.804.527.7999

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

Phone: _____ Email: _____

Horse's name: _____

Section 1- Performance training record

Name of trainer	Type of training Current use and Schooling level	Cost of training per month (EXCLUDING: boarding/veterinary fees)	Number of months in training

Section 2- Show / Competition record for prior 12 months

(Please include local and rated shows. Additional pages can be attached as needed.)

Name of show & rating	Date	Class or division	Number in Class				Placing/ Score	Winnings/ Earnings
			<10	25+	50+	100+		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$

Section 3- Breeding record

Stallions:

Number of mares bred/booked in current year	Stud fee for current year \$	Number of mares bred prior year	Stud fee for prior year \$	Total progeny earnings \$

Broodmares:

Number of foals born since owned	Number of foals sold since owned	Average sale price of foals \$	Is mare pregnant now? (If yes, amount of stud fee) <input type="checkbox"/> Yes <input type="checkbox"/> No \$	

Section 4- Pleasure/Trail/Non-Performance riding record

Type of riding/Current use	Average times ridden per week

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

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Agreement: The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this form. He/she represents that the answers are true, correct, and complete to the best of his/her knowledge. The undersigned authorized representative agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Before signing this document, verify your information is correct. Electronically signing will disable further editing.

Applicant or agent's signature: _____ Date: _____