



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.)

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: _____