



Markel Insurance Company

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Telephone: (800) 262-7535 Fax: (804) 527-7999
Email applications to: agapplications@markelcorp.com
Website: horseinsurance.com

Substantiation of value – show, breeding and in-training horses

Markel agent number: _____ Submission or policy number: _____

Insured's name: _____

Phone #: _____ Fax #: _____ Email: _____

Mailing address: _____ City: _____ State: _____ Zip code: _____

Name of horse: _____ Year of birth: _____

Sire: _____ Dam: _____

Show record for prior 12 months

Name of show & rating	Date	Name of class or division	Number in class	Placing/Score
1.				
2.				
3.				

Breeding record of mare

List sires	Years foaled	Stud fees	Foal sex	Price when sold
1.		\$		\$
2.		\$		\$
3.		\$		\$

**Breeding record of stallion
(List for prior three years beginning with third year prior to present.)**

Year	Number of outside mares bred	Stud fees earned	Number of homebred mares bred	Income from sales of foals	Number of foals produced
		\$		\$	
		\$		\$	
		\$		\$	

Total number of foals produced: _____

How many Mares are booked in the coming year? _____

Stud fee charges: \$ _____ / \$ _____

Training record

Trainer & location: _____

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

Type of training: _____

Comments

If additional details are necessary, provide on a separate page.

NOTE: This form 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.

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

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____