



**Markel Insurance Company**  
 P.O. Box 2009, Glen Allen, VA 23058-2009  
 Telephone: (800) 262-7535 Fax: (804) 527-7999  
 Email applications to: agapplications@markelcorp.com  
 Website: horseinsurance.com

## Substantiation of value –leased 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: \_\_\_\_\_ Stud fee if home bred: \$ \_\_\_\_\_

### Section 1 – Leased horse details

The following information is required for all leased horses:

- Owner of record: \_\_\_\_\_ Purchase date and price: \_\_\_\_\_
- Owner name and address (if different from insured): \_\_\_\_\_  
 \_\_\_\_\_
- Is horse being leased out?  Yes  No  
 If yes, provide name and address of lessee: \_\_\_\_\_  
 \_\_\_\_\_
- Does lease include a purchase option?  Yes  No  
 If yes, provide purchase option price: \$ \_\_\_\_\_
- Provide the following information:

| Name of show & rating | Date | Name of class or division | Number of entries | Placing/ Score |
|-----------------------|------|---------------------------|-------------------|----------------|
|                       |      |                           |                   |                |
|                       |      |                           |                   |                |
|                       |      |                           |                   |                |

### Section 2 – Training record

- Trainer and location: \_\_\_\_\_
- Cost of training per month (excluding boarding): \$ \_\_\_\_\_ Total number of months in training to date: \_\_\_\_\_
- Type of training: \_\_\_\_\_

### Section 3 – Breeding record

Provide the following information:

| Stallions                                 |  | Broodmares                         |  |
|---|--|------------------------------------|--|
| Number of mares bred/booked current year: |  | Total number of foals produced:    |  |
| Stud fee current year:                    |  | Highest price paid for any foal:   |  |
| Number of mares bred last year:           |  | Is mare in foal now?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stud fee prior year:                      |  | If yes, name of sire and stud fee: |  |

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**Section 4 – Additional information/comments to support value**

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

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**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: \_\_\_\_\_