



**Markel Insurance Company**

Mary Phelps  
P.O. Box 868, DeLeon Springs, FL 32130  
Telephone: (800) 572-3286 Fax: (386) 985-4657  
Email applications to: insurance@horsesdaily.com  
Website: http://horsesdaily.com/insurance

**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 &amp; 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:

Number of mares bred/booked current year: \_\_\_\_\_

Stud fee for current year: \_\_\_\_\_

Number of mares bred last year: \_\_\_\_\_

Stud fee for prior year: \_\_\_\_\_

Broodmares:

Total number of foals produced: \_\_\_\_\_

Average price paid for any foal: \_\_\_\_\_

Is mare in foal now?  Yes  No

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: \_\_\_\_\_