



Markel Insurance Company

P.O. Box 2009, Glen Allen, VA 23058-2009
Telephone: 800-262-7535 Fax: 804-527-7999
Email applications to: mortalityapps@markelcorp.com
Website: markelhorseandfarm.com

Justification of value – leased horses

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

Section 1 – Leased horse information

Note the following information is required for all leased horses.

Name of horse: _____ Date of birth: _____
Owner on record: _____ Purchase date and price: _____
Owner name & address (if different from insured): _____

If horse is being leased out, lessee's name & address: _____

Does lease include a purchase option: Yes No Purchase option price: _____

*Please provide a copy of lease agreement to Company.

Section 2 – Show record for leased horse

Name of Show & Rating	Date	Name of Class or Division	Number in Class	Placing/Score
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Section 3 – Training record

Trainer & location: _____

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

Type of training: _____

Section 4 – Breeding record

<u>Stallions:</u>	<u>Broodmares:</u>
Number of mares bred/booked current year: _____	Total number of foals produced: _____
Stud fee for current year: _____	Average 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 for prior year: _____	If yes, name of sire and stud fee: _____

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: _____