

Justification of Value Record

Show/Pleasure/Breeding & In-Training Horses Yearling / Other Uses

| | |
|-----------------|----------------|
| Insured's Name: | |
| Name of Horse: | Date of Birth: |

| Breeding Record of Mare | | | | |
|-------------------------|--------------|-----------|----------|-----------------|
| List Sires | Years Foaled | Stud Fees | Foal Sex | Price When Sold |
| 1. | | \$ | | \$ |
| 2. | | \$ | | \$ |
| 3. | | \$ | | \$ |

Number of Foals Produced: _____

| Breeding Record of Stallion <i>(List for three years beginning with third year prior to present.)</i> | | | | | | | |
|---|------------------------|------------------|------------------------|-------------------------------|------------------------|-------|--|
| Year | Outside Mares Breed | Stud Fees Earned | Homebred Mares Bred | Income From Sales of Foals | # of Foals Produced | Total | |
| | # | \$ | # | \$ | # | | |
| | # | \$ | # | \$ | # | | |
| | # | \$ | # | \$ | # | | |

Number of Foals Produced: _____

Coming Year Mares Booked: _____ Stud Fee Charges: \$ _____ / \$ Comments: _____

Training Record

Total cost of training in horse excluding board: \$ _____

Type of Training: _____

Comments: _____

| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|

Substantiation of Value Showing

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|--|---|
| Insured's Name: | |
| Name of Horse: | Date of Birth: |
| Sire / Dam: | |
| Trainer & Location: | |
| Cost of Training Per Month (Excluding Boarding): | Total Number of Months in Training To Date: |

Show Information for Prior 12 Months

| Name of Show & Rating | Date | Name of Class or Division | Number of Entries | Placing |
|-----------------------|------|---------------------------|-------------------|---------|
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Additional Information / Comments to Support Value

I, the undersigned, declare that to the best of my knowledge and belief the above statements are true and complete and that I have not withheld any material information. I further declare that no insurer has declined or refused to renew my bloodstock insurance, and that there are no other circumstances within my knowledge not already disclosed which might affect the proposed insurance.

| | |
|----------------|--------------|
| Signed: | Date: |
|----------------|--------------|