

Justification Of Value **THIS FORM IS REQUIRED TO RENEW YOUR POLICY**

Insured Name: _____	Policy Number: _____
---------------------	----------------------

Horse Name: _____

HORSE SHOWS (Last 5)

Show Name	Date(s)	Level / Class	Number in Class	Placing	Points / %

TRAINING FEES (excluding boarding charges)

Number of Months in Training: _____	Cost Per Month: _____
Level Currently Training At: _____	Additional Comments: _____
Name of Trainer: _____	

BREEDING

Stallions	Mares
Number of Non-Owned Mares Bred Last Year: _____	Name of Stallion Mare in Foal To: _____
Last Year's Stud Fee: _____	Stud Fee: _____
Number of Non-Owned Mares Booked for This Year: _____	Number of Foals Mare Has Had: _____
Stud Fee: _____	Highest Price of Any Foals Sold: _____
Any Additional Information on Stallions Get: 	Total Number Sold: _____
	Total Value of All Sales: _____
	Any Additional Information on Mares Offspring:

SEE OTHER SIDE FOR RACING HORSES, FOALS, OR YEARLINGS

RACING

Total Starts:	
1st Places:	
2nd Places:	
3rd Places:	
Total Earnings:	\$

LAST 3 RACES

Track	Date	Conditions of Race	Placing Earnings

FOALS & YEARLINGS

Sire's Name:	
Dam's Name:	
Stud Fee Paid on Sire:	

Any Information On Breeding Lines That Would Add To The Value: