

YOUR MANE INSURANCE SOURCE 877 Noyes Rd., Arroyo Grande, CA 93420 Phone: (805) 473-2227 Fax: (805) 473-0202 Lic #: 0B57610

## **EQUINE JUSTIFICATION OF VALUE**

NAME OF INSURED POLICY NUMBER							
NAME OF HORSE BREED						AGE	
Training Records:  (1) Cost of professional training per month (exclude board and maintenance):  (2) How many months in training with a professional?							
Show / Performance Records (attach additional sheets of paper if necessary)							
Name of Show	Rating	Date	Class/Di	Class/Division # of En		Placing	Winnings/Points
	$\vdash$						
Breeding Records:  Mares  (1) Number of foals: (2) Average selling price of foals:							
(3) Is Mare currently in foal?   Yes  No (4) If yes, to whom? Stud Fee:							
Stallions							
(1) Number of mares bred this year: Last year:							
(2) Number of mares booked for next year:							
(3) Current Stud Fee:							
Has horse suffered any injury, illne	ss or lan	neness that co	uld affect its use	fulness?	If so, please expl	ain:	

Signature of Insured: \_\_\_\_\_\_ Date: \_\_\_\_\_