



# JUSTIN INSURANCE

**EQUINE AND RANCH SPECIALISTS**

(800) 972-0272 \* Fax (817) 579-9367

5305 TEMPLE HALL HWY, GRANBURY, TX 76049

contactus@justininsurance.com

## VALUE SUBSTANTIATION FORM

To assist in establishing current market value on the horse mentioned below, please complete and return this form.

<b>CLIENT'S NAME:</b>	<b>POLICY NO:</b>
<b>NAME OF HORSE:</b>	<b>YEAR FOALED:</b>
<b>USE:</b>	

### COMPLETE FOR ALL HORSES

Do you wish to amend the insured value of this horse? (check one)  YES  NO

If yes, what would you like the insured value of the above named horse to be? \_\_\_\_\_

If requesting an insured value of \$15,000 or greater, would you like to add a Medical endorsement for additional premium?

\$10,000 Limit Medical (contact office for quote)  \$15,000 Limit Medical (contact office for quote)

**\*\*All requests for change in coverage do not become effective until written notice of underwriting approval has been received.**

Do you currently have equine insurance on this horse with any other company? \_\_\_\_\_

If yes, what is the total value of all mortality policies providing coverage on this horse? \_\_\_\_\_

### COMPLETE FOR HORSES IN TRAINING

Trainer's name and location: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly training fees: \_\_\_\_\_ Number of months in training: \_\_\_\_\_ Amount paid in training for previous 12 months: \_\_\_\_\_

If unshown and in training, anticipated date and place of first show you plan on entering: \_\_\_\_\_

**\*\* Training is considered in establishing value only for those horses under the age of six. Half of training expenses for up to two years will be considered when establishing value.**

### COMPLETE FOR SHOW/PERFORMANCE HORSES

Please list horse's winnings during the past 12 months and top 5 placings:

**Top five finishes during the last 12 months:**

**Earnings last 12 months:** \_\_\_\_\_

1. Event: \_\_\_\_\_

**Lifetime earnings:** \_\_\_\_\_

Money Won: \_\_\_\_\_

**Is horse currently showing?** (check one)  YES  NO

2. Event: \_\_\_\_\_

**If no, why?** \_\_\_\_\_

Money Won: \_\_\_\_\_

3. Event: \_\_\_\_\_

**Top five titles won in career:**

Money Won: \_\_\_\_\_

1. \_\_\_\_\_

4. Event: \_\_\_\_\_

2. \_\_\_\_\_

Money Won: \_\_\_\_\_

3. \_\_\_\_\_

5. Event: \_\_\_\_\_

4. \_\_\_\_\_

Money Won: \_\_\_\_\_

5. \_\_\_\_\_

**Did this horse finish in the year-end standings of any association(s)?** (check one)  YES  NO

If yes, please list association and placing:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Has horse been rested during any part of the last 12 months for injury or lameness issues?** (check one)  YES  NO

If yes, please give details of diagnosis, amount of time off and the Veterinarian's prognosis: \_\_\_\_\_

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date