

VALUE SUBSTANTIATION FORM (JOV)

PLEASE COMPLETE TO UPDATE SHOW/BREEDING RECORDS AND/OR REQUEST AN INCREASE IN VALUE. *THIS FORM IS REQUIRED.*

CLIENT'S NAME:	POLICY NO:
NAME OF HORSE:	YEAR FOALD:
USE:	

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 **\$10,000** or more, would you like to add the Medical Assistance endorsement for additional premium?

\$7,500 Limit Medical Assistance (contact office for quote)

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

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

****All requests for changes 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 NEW FOALS AND YEARLINGS:

Sire: _____ Stud fee paid: _____

Dam: _____ Dam's lifetime earnings: _____

Lifetime earnings of Dam's produce: _____

Average sale price of foals out of same mare: _____

COMPLETE FOR RACE HORSES: ** Please supply latest scratch sheet.

Sire: _____ Dam: _____

Winnings in last 12 months: _____ Thoroughbred Stakes placed? _____

Entered in claiming races? _____ If yes, amount of claiming race? _____

Currently racing? _____ If yes, where? _____

Date Signed

Signature of Insured