

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 FOALED:
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 SHOW/PERFORMANCE HORSES:

Money/Points won during previous 12 months: _____ Lifetime earnings/points won: _____

Level of competition (i.e. NCHA, NRHA, WPRA, PRCA, 4H, etc.): _____

Is this horse currently being shown or used for competition? _____ If no, please give reason: _____

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 STALLIONS USED FOR BREEDING:

Current stud fee: _____ Number of paid breedings last season: _____ Number of mares conceived last season: _____

How many outside mares bred last season? _____ How many inside mares bred last season (owned by insured)? _____

Number of mares booked for next breeding season? _____

COMPLETE FOR BROODMARES: ** If mare is used for embryo transfer and is still being shown, also complete section for show/performance horses.

Currently in foal? _____ If yes, to what stallion(s) and stud fee paid? _____

Anticipated foaling date(s)? _____

If mare is used for embryo transfer, how many times was she flushed, and how many embryos were successfully transferred for each of the last three breeding seasons?

Stallion(s) bred to previous season and stud fee paid? _____

Date last foal was born? _____ Has the mare had healthy foals for each of the last three seasons she was bred? _____

If no, explain: _____ Average sale price of foals? _____

Date Signed

Signature of Insured