

VALUE SUBSTANTIATION FORM (JOV)

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

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 to increase your horse's insured value, would you like to add any of the following **Medical Endorsements** for an additional premium?

\$7,500 Limit Medical

Requests to add medical coverage are subject to value eligibility. Contact our office for coverage details & pricing

\$10,000 Limit Medical

\$15,000 Limit Medical

****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:

Top five finishes during the last 12 months:

1. Event: _____

Money Won: _____

2. Event: _____

Money Won: _____

3. Event: _____

Money Won: _____

4. Event: _____

Money Won: _____

5. Event: _____

Money Won: _____

Earnings last 12 months: _____

Lifetime earnings: _____

Is horse currently competing? (check one) YES NO

If no, why? _____

Top five titles won in career:

1. _____

2. _____

3. _____

4. _____

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 Signed