

**VALUE SUBSTANTIATION FORM (JOV)**

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

<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 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 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**