



LAUREL FOWLER
INSURANCE BROKER INC.

YOUR MANE INSURANCE SOURCE

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EQUINE JUSTIFICATION OF VALUE

NAME OF INSURED	POLICY NUMBER
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NAME OF HORSE	BREED	AGE
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Training Records:

(1) Cost of professional training per month (exclude board and maintenance): _____

(2) How many months in training with a professional? _____

Show / Performance Records (attach additional sheets of paper if necessary)						
Name of Show	Rating	Date	Class/Division	# of Entries	Placing	Winnings/Points

Breeding Records:

Mares

(1) Number of foals: _____ (2) Average selling price of foals: _____

(3) Is Mare currently in foal? Yes No (4) If yes, to whom? _____ Stud Fee: _____

Stallions

(1) Number of mares bred this year: _____ Last year: _____

(2) Number of mares booked for next year: _____

(3) Current Stud Fee: _____

Has horse suffered any injury, illness or lameness that could affect its usefulness? If so, please explain:

Signature of Insured: _____ Date: _____