

THE EQUESTRIAN GROUP

VALUE SUBSTANTIATION SUPPORT FORM

Name of Insured: _____ Phone Number: _____

Address: _____

Name of Horse: _____ Breed: _____ Height: _____ Sex: _____ Date of Birth: _____

Horse's Use/Level: _____

Purchase Price: _____ Purchase Date: _____ Current Fair Market Value to be Insured: _____

Please note that you need only provide as much documentation as needed to substantiate the Current Fair Market Value.

PERFORMANCE RECORD *(Attach separate sheet if necessary or include association records. Also include show ratings / level where applicable.)*

Show / Competition	Date	Class / Division	# of Horses	Placing	Winnings (\$)	Points

Other additional information: _____

TRAINING RECORD *(For training fees, include training charges only. Do not include board, vet, farrier, or other charges.)*

Name of Trainer / Location	Dates in training	Charge per month	In training for (Use and/or Competition)

Other additional information: _____

STALLION QUESTIONS *(Attach separate sheet if necessary.)*

Current Stud Fee	Mares bred last full season	Mares booked for current season	Bookings for next season	Average sale price of foals

Production record. Include offspring performance records. _____

BROODMARE QUESTIONS *(Attach separate sheet if necessary.)*

If in foal, Stallion bred to	Due Date	Stud Fee Paid	Average sale price of foals

Production record. Include offspring performance records. _____

FOAL / YEARLING QUESTIONS

Sire	Dam	Stud Fee

Sale prices and/or performance records of full / half siblings: _____

I understand and agree that the proposed insured amount for the above named horse is a current fair market value. I understand this determination is solely my responsibility.

Signature of owner (s) of above named animal

Date