



# Substantiation of Value – Show, Breeding & In Training Horses

P.O. Box 2009 • Glen Allen, VA 23058-2009  
Phone: (800) 262-7535 • Fax: (804) 527-7999  
www.horseinsurance.com

Insured's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Horse: \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
Sire: \_\_\_\_\_ Dam: \_\_\_\_\_  
Phone #: (\_\_\_S\_) \_\_\_\_\_ Fax #: (\_\_\_S) \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Show Record for Prior 12 Months				
Name of Show & Rating	Date	Name of Class or Division	Number in Class	Placing/Score
1.				
2.				
3.				

Breeding Record of Mare				
List Sires	Years Foaled	Stud Fees	Foal Sex	Price When Sold
1.		\$		\$
2.		\$		\$
3.		\$		\$

Number of Foals produced: \_\_\_\_\_

Breeding Record of Stallion (List for Prior Three Years beginning with third year prior to present.)					
Year	Outside Mares Bred	Stud Fees Earned	Homebred Mares Bred	Income From Sales Of Foals	# Foals Produced
	#	\$	#	\$	#
	#	\$	#	\$	#
	#	\$	#	\$	#

Total number of Foals produced: \_\_\_\_\_  
Coming year Mares booked # \_\_\_\_\_ Stud fee charges \$ \_\_\_\_\_ / \$ \_\_\_\_\_

**Training Record**

Trainer & Location: \_\_\_\_\_  
Cost of training per month (excluding boarding): \$ \_\_\_\_\_ Total number or months in training to date: \_\_\_\_\_  
Type of training: \_\_\_\_\_

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If additional details are needed, send on a separate page.

I, the undersigned, declare that to the best of my knowledge and belief, the above are true and complete and that I have not withheld any material information. I further declare that no insurer has declined or refused to renew my insurance, and that there are no other circumstances within my knowledge not already disclosed which might affect the proposed insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_