THIS
TAYLOR HARRIS INSURANCE SERVICES, LTD
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Justification of Value Form

Insured Name: _____ Policy Number: _____ Desired Sum Insured: $_____

Registered Name: _____ __ Breed: _____ Year of Birth: _____ Sex: _____

Show / Performance Record (Please list most recent competitions)

Show/Competition	Rating (Local, Regional, National, Int'l)	Date	Class/Division	Placing	# Entries	Winnings
						$
						$
						$
						$

If this is a Dressage Horse, please indicate what Level competing and average score:

Training Record

Type of Training	Cost of Training Per Month *(Excluding Board and Maintenance)*	# of Months in training with a professional	Total Cost
	$		$

Breeding Record

Mares	# of foals since owned	Average Sale Price of foals	Is the mare currently in foal?	*If yes*, Covering Stallion's Name and Stud Fee	Due Date
			☐ Yes ☐ No		

Stallions	# of Mares bred last year	# of Mares booked for upcoming year	Stud Fee Charged	Annual Breeding Income
	Non-Owned_____ Owned_____	Non-Owned_____ Owned_____	$	

Other information to Justify Value:

Signature of Insured Date Signed