



**Substantiation of Value**

**This document forms part of the Animal Mortality Application**

Applicant's Name _____	Policy Number: _____
FEIN or SOC SEC # _____	Animal Name: _____
Mail Address _____	Purchase Price: \$ _____
City, ST Zip _____	Purchase Date: _____
Phone _____	Amount of _____
Fax _____	Insurance Desired: \$ _____
E-Mail Address _____	

Breed \_\_\_\_\_ Use \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sire \_\_\_\_\_ Dam \_\_\_\_\_ Registration Number \_\_\_\_\_

**Show / Performance Record(s)**

Show / Competition	Show Rating		Date of Show	Class / Division	Number of Entries	Placement	Winnings	Number of Points
	N=National R=Regional S=State	D=District C=County L=Local						
							\$	
							\$	
							\$	
							\$	

Other information to substantiate value: \_\_\_\_\_

**Training Record(s)**

Name of Trainer	Type of Training	Cost of Training (Excluding Board, Vet and Maintenance Fees)		
		Per Month	Number of Months	Total Cost
				\$
				\$
				\$

Other information to substantiate value: \_\_\_\_\_

**Stallion Record**

Number of Mares Bred			Number of Mares Bred			Number of Mares Booked	
This Year	Stud Fee	Amount Earned	Last Year	Stud Fee	Amount Earned	Next Year	Stud Fee
		\$			\$		\$

Other information to substantiate value: \_\_\_\_\_

**Foal Record**

Stud Fee of Sire	Average Selling Price of Full Siblings	Average Selling Price of Half Siblings
\$	\$	\$

Other information to substantiate value: \_\_\_\_\_

**Bull Record**

Stud Fee	Number of Cows Bred			Number of Bookings For Next Year	Total Number of Straws or Semen Samples Sold	Average Sale Price Per Unit	Is Service LiveCover or A.I.
	This Year	Last Year	Amount Earned				
\$			\$			\$	

Other information to substantiate value: \_\_\_\_\_

**Broodmare/Cow Record**

Number of Live Births Since Owned	Number of Foals/Calves		Average Selling Price of		Is Mare/Cow Pregnant now? Yes or No (If Yes, Amount of Stud/Service Fee)	Due Date
	Sold Since Owned	Average Selling Price	Full Siblings	Half Siblings		
		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No \$	

Other information to substantiate value: \_\_\_\_\_

Applicant declares the above statements are true and complete, and that no material information was withheld.

Applicants Signature _____	Date: _____
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