

Substantiation of Value

This document forms part of the Animal Mortality Application

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