

SHADLE INSURANCE
 (888)-821-7629
 www.shadleinsurance.biz
 Fax: 805-462-3275

**Substantiation of Value
Horses**



This document forms part of the Animal Mortality Application

Applicant's Name _____ 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						
							\$	
							\$	
							\$	
							\$	

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
				\$
				\$

Breeding Stallions

Number of Non-Owned Mares Booked This Year	Number of Non-Owned Mares Bred This Year	Stud Fee Charged	This Years Annual Breeding Income*

Number of Non-Owned Mares Booked Last Year	Number of Non-Owned Mares Bred Last Year	Stud Fee Charged	Last Years Annual Breeding Income*

*Breeding Income is defined as the amount of money that was earned in that particular year when stud fees were paid to you after the fulfillment of breeding contracts.
 Any Additional information _____

Broodmare Record

Number of Live Births Since Owned	Number of Foals		Average Selling Price of		Is Mare 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	

Foal Record

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

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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