



Windridge Ltd.

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EQUINE MORTALITY INSURANCE JUSTIFICATION OF VALUE RECORD- Competition Horse

Name of Insured: _____

Name of Horse: _____ Age: ____ Sex: ____ Use: _____

Breed: _____ Date of Purchase: _____ Purchase Price: _____

REQUESTED VALUE to be insured: _____

(ALL REQUESTED VALUES ARE SUBJECT TO APPROVAL BY THE COMPANY)

A. TRAINING RECORD- This is for Training Fees only. Do not include board, vet, farrier, or other charges. (ATTACH A SEPARATE SHEET IF NECESSARY)

TOTAL COSTS YOU HAVE PAID OUT SINCE PURCHASE OR FOALING: \$ _____

Name of Trainer/Location	Dates in Training	Charge per Month	In training for (Use and or Competition)

Other Additional information/Comments:

B. PERFORMANCE/SHOW RECORD (ATTACH A SEPARATE SHEET IF NECESSARY)

LEVEL OR CLASS OF COMPETITION: _____

Show/Competition	Rank	Date	Class/Division	# of Horses	Placing	winnings	Points

Other Additional information/Comments:

DECLARATION OF INSURED OR PROPOSED INSURED:

"I, the undersigned, declare that to the best of my knowledge and belief the above statements are true and complete, and that I have not withheld any material information. I also understand and agree that the proposed insured among for the above named horse is a current Fair Market Value. I understand this determination is solely my responsibility.

Signature of Owner(s) of Above Named Animal _____ Date _____