



*Windridge Ltd.*

**P.O. Box 47125  
Plymouth, MN 55447**

VALUE SUBSTANTIATION SUPPORT FORM

Name of Insured \_\_\_\_\_

Name of Horse \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Use \_\_\_\_\_ Breed \_\_\_\_\_

Purchase Date \_\_\_\_\_ Purchase Price \_\_\_\_\_

SHOW RECORDS

Level or Class of Competition \_\_\_\_\_

Performance Record: Year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRAINING COSTS:

Amount Spent \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Trainer's Name \_\_\_\_\_

Training

Facility \_\_\_\_\_