



JUSTIFICATION OF VALUE

**CANADIAN
LIVESTOCK
INSURANCE**
A DIVISION OF CFI

**480 University Ave., Ste#412
Toronto, ON M5G 1V2
Tel. 416-510-8191 Fax. 416-510-8186**

NAME OF OWNER: _____

NAME OF HORSE: _____

AGE/BREED: _____

NAME OF SIRE/DAM: _____

STUD FEE (if homebred): \$ _____

DATE OF PURCHASE: _____

PURCHASE PRICE: \$ _____

INSURED VALUE ON EXPIRING COVERAGE: \$ _____

INSURED VALUE REQUESTED: \$ _____

TRAINING LEVEL OF HORSE AT TIME OF PURCHASE:

TRAINING LEVEL OF HORSE AT PRESENT TIME: _____

COST OF TRAINING/SHOWING DURING PERIOD OF OWNERSHIP: \$ _____

NAMES OF TRAINERS/CLINICIANS: _____

NAME OF SHOW DATE OF SHOW DIVISION SHOWN PLACING

ZONE PLACING: _____

DATE: _____ SIGNATURE OF OWNER: _____

PHONE NUMBER: _____