



[Agriculture Lines]

## **SUBSTANTIATION OF VALUE HORSES**

# SUBSTANTIATION OF VALUE HORSES

## PART 1 GENERAL INFORMATION

Broker:	Broker Phone:
Broker Contact:	Broker Email:
Insured Name:	
Mailing Address:	Province: Postal Code:
Telephone No.:	Email:
Website:	
<b>POLICY NO.:</b>	Animal Name:
Purchase Price: \$	Purchase Date:
Amount of Insurance Desired: \$	
Breed:	Use:
Sex:	Date of Birth:
Sire:	Dam: Registration No.:

## PART 2 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=Country L=Local						
							\$	
							\$	
							\$	
							\$	
							\$	

**PART 3 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
		\$		\$
		\$		\$
		\$		\$

**PART 4 BREEDING STALLIONS**

Number of Non-Owned Mares Booked this Year	Number of Non-Owned Mares Bred this Year	Stud Fee Charged	This Year's Annual Breeding Income

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\*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. Please enter any Additional information below:

**PART 5 BROODMARE RECORD**

Number of Live Births Since Owned	Number of Foals		Average Selling Price of		Is Mare Pregnant now? Yes or No <small>(If Yes, Amount of Stud/ Service Fee)</small>	Due Date
	Sold Since Owned	Average Selling	Full Siblings	Half Siblings		
			\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

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

**PART 6 OTHER INFORMATION TO SUBSTANTIATE VALUE**

**PART 7 INSURANCE HISTORY & REQUIREMENTS**

Please provide details of your current **Substantiation of Value Horses** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Substantiation of Value Horses** insurance policy:

Effective Date: (MM/DD/YYYY)	Retro Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
		\$	\$	\$	

Please provide details of your required **Commercial General Liability** insurance policy:

Effective Date: (MM/DD/YYYY)	Limit:	Deductible:	Premium:	Insurer:
	\$	\$	\$	

**PART 8 CLAIMS HISTORY**

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or:  Yes  No

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- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or:  Yes  No

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- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or:  Yes  No

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- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?  Yes  No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	\$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			\$	\$
			\$	\$
			\$	\$

\*Please attach any available insurance company loss reports with this application

# NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.**

**I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.**

Signature of Applicant:

Position:

Please print name here:

Date:

## BROKER DECLARATION

How long have you known the Applicant?

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Is this account new or renewal to you?

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Have you personally viewed the Applicant's operations?

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What is the condition of the facilities and equipment?

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What is the applicant's attitude toward risk management and insurance?

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Do you recommend this Applicant?

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Broker Signature:

Position:

Please print name:

Date: