



**LAUREL FOWLER**  
INSURANCE BROKER INC.

**YOUR MANE INSURANCE SOURCE**

877 Noyes Rd., Arroyo Grande, CA 93420  
Phone: (805) 473-2227 Fax: (805) 473-0202  
Lic #: 0B57610

Daren Humphries - Agent (949) 678-4706, CA Lic#:0G65477

**EQUINE JUSTIFICATION OF VALUE**

NAME OF INSURED	POLICY NUMBER
-----------------	---------------

NAME OF HORSE	BREED	AGE
---------------	-------	-----

**Training Records:**

(1) Cost of professional training per month (exclude board and maintenance): \_\_\_\_\_

(2) How many months in training with a professional? \_\_\_\_\_

<b>Show / Performance Records (attach additional sheets of paper if necessary)</b>						
Name of Show	Rating	Date	Class/Division	# of Entries	Placing	Winnings/Points

**Breeding Records:**

*Mares*

(1) Number of foals: \_\_\_\_\_ (2) Average selling price of foals: \_\_\_\_\_

(3) Is Mare currently in foal?  Yes  No (4) If yes, to whom? \_\_\_\_\_ Stud Fee: \_\_\_\_\_

*Stallions*

(1) Number of mares bred this year: \_\_\_\_\_ Last year: \_\_\_\_\_

(2) Number of mares booked for next year: \_\_\_\_\_

(3) Current Stud Fee: \_\_\_\_\_

Has horse suffered any injury, illness or lameness that could affect its usefulness? If so, please explain:

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_