



**Substantiation of Value**

**This document forms part of the Animal Mortality Application**

Broadstone Equine Insurance P.O. Box 978 Middleburg, VA 20118 (540) 554-2400 (540) 2475 (fax) www.BroadstoneEquine.com	Policy Number: _____ Animal Name: _____ Purchase Price: \$ _____ Purchase Date: _____ Amount of Insurance Desired: \$ _____
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Breed \_\_\_\_\_ Use \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sire \_\_\_\_\_ Dam \_\_\_\_\_ Registration Number \_\_\_\_\_

**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=County L=Local						
							\$	
							\$	
							\$	
							\$	

Other information to substantiate value: \_\_\_\_\_

**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
			\$	
			\$	

Other information to substantiate value: \_\_\_\_\_

**Stallion Record**

Number of Mares Bred			Number of Mares Bred			Number of Mares Booked	
This Year	Stud Fee	Amount Earned	Last Year	Stud Fee	Amount Earned	Next Year	Stud Fee
		\$			\$		\$

Other information to substantiate value: \_\_\_\_\_

**Foal Record**

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

Other information to substantiate value: \_\_\_\_\_

**Other Information:** \_\_\_\_\_

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Applicant declares the above statements are true and complete, and that no material information was withheld.

Applicants Signature	Date:
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