

## AMERICAN RELIABLE INSURANCE COMPANY

### SUBSTANTIATION OF VALUE

Applicant Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Policy Number \_\_\_\_\_

Horse Name	Breed	Birth Date	Color	Sex	Use
Registration Number	Sire	Dam	Purchase Date	Purchase Price	Fair Market Value

**Show / Performance Record(s)**

Show / Competition	Show Rating	Date of Show	Class / Division	Number of Entries	Placement	Winnings (\$)	Number of Points

**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
				\$
				\$

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

**Broodmare Record**

Number of Live Births Since Owned	Number of Foals Sold Since Owned	Average Selling Price of Foal	Average Selling Price of Full Siblings	Average Selling Price of Half Siblings	Is Mare Pregnant Now?	Amount Of Stud Fee	Foal Due Date
					YES NO	\$	

**Foal Record**

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

I, the undersigned, hereby certify that to the best of my knowledge and belief the information provided is true and complete and I have not withheld any material information. It is agreed that this form shall be the basis of the contract and / or policy should a contract and / or policy be issued and if anything be falsely stated or information withheld to influence the company's decision, the insurance contract and / or policy will be null and void.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_