



**INTERCITY
INSURANCE
SERVICES INC. ®**

**JUSTIFICATION OF VALUE
(One Per Horse)**

15221 Yonge Street, Aurora, ON L4G 1L8
PHONE: (905) 841-8200 FAX: (905) 841-0030
TOLL FREE: 1-888-394-3330

www.intercityinsurance.com

Email: mking@aci.on.ca

Name of Applicant _____

If horse leased, provide Owner's Name, Address & Phone # _____

DESCRIPTION OF HORSE INSURED

Name of Horse _____

Registration/Tattoo # _____ Sex _____ Breed _____ Colour _____ DOB _____

Sire _____ Dam _____

Date of Purchase _____ Purchase Price _____ Insurance Limit Requested \$ _____

Use of Horse _____

SHOW RECORDS (last 12 months)

* Attach any additional information such as Equine Canada Passport and include all shows including non Equine Canada shows *

NAME OF SHOW	DATE OF SHOW	DIVISION OF SHOW	PLACING

BROOD MARE

STALLION (last 36 months)

LIFETIME # OF FOALS	# OF LIVE FOALS	SALE PRICE OF FOAL	YEAR	STUD FEE	# OF MARES COVERED

TRAINING RECORD

TRAINING LEVEL OF HORSE AT TIME OF PURCHASE	TRAINING LEVEL OF HORSE AT PRESENT TIME

ADDITIONAL COMMENTS

SIGNATURE OF APPLICANT

DATE SIGNED

THIRD-PARTY EVALUATION & COMMENTS (i.e.: Coach, Trainer, Breeder)

Name of Appraiser _____ Relationship to Applicant _____

Phone # _____ Fax # _____ Email _____

Equine qualifications and/or experience_

In my professional opinion, the current market value of this horse is \$ _____

And I base this on _____

SIGNATURE OF APPRAISER

DATE SIGNED