



**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](http://www.intercityinsurance.com)

Email: [mking@intercityinsurance.com](mailto:mking@intercityinsurance.com)

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