



EQUI-CARE JUSTIFICATION OF VALUE (One Per Horse)

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 (Passport etc.) *

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 # _____ Email _____

Equine industry qualifications (**MUST BE COMPLETED**) _____

In my professional opinion, If this horse was for sale **today** and assuming there was a willing buyer and willing seller, the current market value of this horse is \$ _____

And I base this on _____

SIGNATURE OF APPRAISER

DATE SIGNED

Western Provinces and Territories:

CapriCMW Insurance Services Ltd.
 100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2
 TF 1 800 670 1877 F 1 888 822 6115
 E agri@capriemw.ca W capriemw.ca/equine

Ontario and Provinces Eastward:

CapriCMW Insurance Services Ltd.
 15221 Yonge Street, Aurora, ON L4G 1L8
 TF 1 888 394 3330 F 1 888 822 6115
 E forms@equicare.ca W capriemw.ca/equine