



# 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@capricmw.ca W capricmw.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 capricmw.ca/equine