Wilson&Cunningham West
INSURANCE AGENCY

Please provide information on one or two shows and/or monthly training fees to validate the current value or if you are requesting an increase in coverage. This form is required by the company for each renewal whether or not coverage is being increased. Thank you.

JUSTIFICATION OF VALUE FORM

Insured's Name: _____

Date: _____ Effective Date: _____

Renewal or New (Please Circle) Policy # (if applicable):_____

Horse: _____ Insurance Amount Requested: _____

Purchase Price: _____ Purchase Date: _____

Date	Show	Class	# Entered	Placing	Titles

TRAINER NAME:_____ TELEPHONE: _____

**MONTHLY TRAINING FEES (Excluding Board): _____

INSURED'S SIGNATURE: _____ DATE:_____