Wilson&Cunningham West
INSURANCE AGENCY

Justification of Value

REQUIRED WITH EACH RENEWAL OR INCREASE IN COVERAGE

Please provide information on one or two shows and/or monthly training fees to validate the current value or to support a requested increase in coverage. The company requires this form at each renewal, whether or not coverage is increased.

INSURED & POLICY

INSURED'S NAME		DATE
POLICY # (IF APPLICABLE)	**EFFECTIVE DATE**	**POLICY TYPE**
		☐ Renewal ☐ New

HORSE

HORSE'S NAME	INSURANCE AMOUNT REQUESTED
PURCHASE PRICE	**PURCHASE DATE**

RECENT SHOW RESULTS

DATE	SHOW	CLASS	# ENTERED	PLACING	TITLES

TRAINING

TRAINER NAME	TRAINER TELEPHONE
MONTHLY TRAINING FEES (EXCLUDING BOARD)	

SIGNATURE

INSURED'S SIGNATURE	DATE
X	