

MADDEN EQUINE INSURANCE

""5639'DGP V'QCM'J Y [0
ADRIAN, MICHIGAN 49221
800-753-9192 – FAX 888-433-1811

INSURANCE CORPORATION OF HANNOVER

VALUE SUBSTANTIATION SUPPORT FORM

Name of Insured: _____ Phone Number: _____
Address: _____
Email Address: _____
Name of Horse: _____ Breed: _____ Sex: _____ Date of Birth: _____
Horse's Use/Level: _____
Purchase Price: _____ Purchase Date: _____ From Whom Purchased: _____

Please note that you need only provide as much documentation as needed to substantiate the Current Fair Market Value.

PERFORMANCE RECORD (Attach separate sheet if necessary or include association records. Also include show rating/ level where applicable.)

| Show/Competition Rating/Level | Date | Class/Division | # of Horses | Placing | Winnings (\$) | Points |
|-------------------------------|------|----------------|-------------|---------|---------------|--------|
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| | | | | | | |
| | | | | | | |

Other additional information: _____

TRAINING RECORD (For training fees, include training charges only. Do not include board, vet, farrier, or other charges.)

| Name of Trainer / Location | Dates in training | Charge per month | In training for (Use &/or Competition) |
|----------------------------|-------------------|------------------|--|
| | | | |
| | | | |

Other additional information: _____

STALLION QUESTIONS (Attach separate sheet if necessary.) (Do not include re-breeds in current season bookings.)

| Current Stud Fee | Mares bred last full season | Mares booked for current season | Bookings for next season | Average Sale price foals |
|------------------|-----------------------------|---------------------------------|--------------------------|--------------------------|
| | | | | |

Production record. Include offspring performance records: _____

BROODMARE QUESTIONS (Attach separate sheet if necessary.)

| If in foal, Stallion bred to | Due Date | Stud fee Paid | Average sale price of foals |
|------------------------------|----------|---------------|-----------------------------|
| | | | |

Production record. Include offspring performance records: _____

FOAL/ YEARLING QUESTIONS

| Sire | Dam | Stud Fee |
|------|-----|----------|
| | | |

Sale prices and/or performance records of full/half siblings: _____

I understand and agree that the proposed insured amount for the above named horse is a current fair market value. I understand this determination is solely my responsibility. I furthermore understand and agree that the current fair market value for the above named horse may vary depending on, and not limited to, age and change of use and that the Insurer reserves the right to establish the value by appraisal.

Signature of owner (s) of above named animal

Date