

VALUE JUSTIFICATION / PERFORMANCE REPORT

Name of Owner:	
Address:	Phone #:
Name of Horse:	Policy#: LS
Date of Purchase: Purcha	ase Price:
Stud Fee (if known):	
Insured Value or Requested Value:	
Reason for Increase (if requested):	
Training Level at time of purchase:	
Training Level at present time:	
Use of horse:	
Cost of Professional Training (per year):	(excluding board, veterinarian & farrier bills)
Name of Trainer:	
Performance Report (or attach show record from C.E.F. passpo	ort or list details of accomplishments to support value)
Previous Twelve Months Prior to Application	
SHOW NAME & LEVEL MONTH/YEAR DIVISION SHOWN PLACE	ING
Any additional information (ie. offers to purchase, etc.)	
If a broodmare: Is the mare in foal?: Stallion	n Name: Stud Fee:
	Selling price(s) of foals:
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Date: Signature of Owner:	