

Platinum Financial Services

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VALUE SUBSTANTIATION FORM (JOV)

PLEASE COMPLETE TO UPDATE SHOW/BREEDING RECORDS AND/OR REQUEST AN INCREASE IN VALUE. *THIS FORM IS REQUIRED.*

CLIENT'S NAME:	POLICY NO:
NAME OF HORSE:	YEAR FOALD:
USE:	

COMPLETE FOR ALL HORSES:

Do you wish to amend the insured value of this horse? (check one) YES NO

**If yes, what would you like the insured value of the above named horse to be? _____

If requesting to increase your horse's insured value, would you like to add any of the following **Medical Endorsements** for an additional premium?

\$7,500 Limit Medical

***Requests to add medical coverage are subject to value eligibility. Contact our office for coverage details & pricing.**

\$10,000 Limit Medical

\$15,000 Limit Medical

****All requests for changes in coverage do not become effective until written notice of underwriting approval has been received.**

Do you currently have equine insurance on this horse with any other company? _____

If yes, what is the total value of all mortality policies providing coverage on this horse? _____

COMPLETE FOR NEW FOALS AND YEARLINGS:

Sire: _____ Stud fee paid: _____

Dam: _____ Dam's lifetime earnings: _____

Lifetime earnings of Dam's produce: _____

Average sale price of foals out of same mare: _____

COMPLETE FOR RACE HORSES: **** Please supply latest scratch sheet.**

Sire: _____ Dam: _____

Winnings in last 12 months: _____ Thoroughbred Stakes placed? _____

Entered in claiming races? _____ If yes, amount of claiming race? _____

Currently racing? _____ If yes, where? _____

Date Signed

Signature of Insured