

Equisport Agency, Inc.
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VALUE SUBSTANTIATION SUPPORT FORM

Name of Insured: _____

Name of Horse: _____

Training Record (Include training fees only. Do not include, board, vet, farrier or other charges)

Name of Trainer: _____ Type of Training: _____

Number of days a week in training : _____ Charge per month: _____

Show Record

Date of Show	Name of Show	Division	Class	Place in Class

* Attach a separate page if needed

For Pleasure Horses:

How often is horse ridden? _____ How many lessons are taken a week? _____

Do you jump horse? _____ What type of riding is done? _____

Please provide any additional information that substantiates the insured value you have

requested: _____
