



LIVESTOCK INSURANCE MANAGERS

PO Box 30101, 1624 – 33rd Street W.

Saskatoon, SK S7L 7M6

TEL:(306)244-8181 FAX:(306)244-8183

PROFESSIONAL JUSTIFICATION OF VALUE DECLARATION

Name of Owner _____ **Phone** _____

Address _____

Name of Animal: _____ **Policy #:** _____

DECLARED VALUE: \$ _____ **PURCHASE VALUE:** \$ _____ **PURCHASE DATE :** _____

Cost of Transit: \$ _____
(if applicable)

If Home Raised: **Breeding Fee** \$ _____ **Training Fees:** \$ _____

Captive Bred? _____ **Wild Caught? (When & Where) :** _____

USE OF ANIMAL: _____
Current level of training: _____

Competition
Events Schedule : _____
Wins / _____
Show Results: _____
Winnings / _____
Amounts Won: _____

Progeny Sold: \$ _____ **Siblings Sold:** \$ _____

Name of Trainer/Coach/Breeder: _____

Phone Number: _____ **Email:** _____

Qualifications: _____

DECLARATION

It is my opinion that the animal : _____ **owned by** _____
has a current fair market value of \$ _____ **for the following reasons:**

Signature: _____

Dated: _____