



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 _____

Email Address _____

Name of Animal: _____ Policy#: _____

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

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

USE OF ANIMAL: _____
Current level of training: _____
Competition _____
Wins/Show Results: _____

Name of Trainer/Coach/Breeder: _____

Phone Number _____ Email: _____

Qualifications: _____

DECLARATION

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

Signature of Professional _____

Dated: _____