

JUSTIFICATION OF VALUE FORM

Insured Name: _____

Agent Name: EXCALIBUR INSURANCE AGENCY

Animal's Name: _____

Policy Number: _____

Current Classification Score: _____

SHOW RECORDS:

(Last 5 Shows during the past year)

Name & Place of Show	Date	Class	Placing	# in Class

MILK, FAT & PROTEIN PRODUCTION RECORDS:

2 YO	305	
	365	
3 YO	305	
	365	
4 YO	305	
	365	
5 YO	305	
	365	

CALVING RECORDS:

Date Last Calved	Resulting Offspring	Total # of Calves Lifetime
	Sire: _____	
	Sex: _____	

BREEDING RECORDS:

DONOR INFO:

Date Last Bred: _____	Date Last Flushed: _____
Sire Used: _____	# of Good Eggs: _____
If pregnant - Due Date: _____	# of Times Flushed in Past 12 Months: _____
	# of Pregnancies: _____

Important Additional Information (use reverse side of page if needed): _____
