

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

\$7,500 MEDICAL ASSISTANCE ENDORSEMENT

This endorsement modifies the insurance provided under your **Equine Mortality - Broad Form** policy by adding the following separate Additional Coverage.

I. ADDITIONAL COVERAGE - MEDICAL ASSISTANCE

Subject otherwise to all of the terms, provisions, conditions, limitations and exclusions of the policy to which this endorsement is attached, and subject also to the additional terms, provisions, conditions, limitations, and exclusions of this endorsement, and in consideration of the additional premium you pay to us, we will pay you "reasonable and customary veterinary fees" incurred for "surgical or medical treatment" or diagnostic testing provided to your "horse" by a "qualified veterinarian":

- A.** from the effective date of this endorsement to the end of the "policy period;" or
- B.** within 120 days immediately after the end of the "policy period" if the "policy period" is 365 days or longer; but in no event longer than the "policy period" as defined in the **EQUINE MORTALITY - BROAD FORM** policy to which this endorsement is attached,

provided that the "surgical or medical treatment" or diagnostic testing is necessary for that "horse" because of any accident, injury, lameness condition or lameness injury, or physical disability, that is first sustained, first occurs or first manifests itself from the effective date of this endorsement to the end of the "policy period;".

II. ADDITIONAL PREMIUM

There is an additional premium of \$375 for each "horse" to which this Additional Coverage applies. If we pay any claim or loss under this Additional Coverage, the entire \$375 additional premium for that "horse" is deemed fully earned and is immediately due and payable.

III. AGGREGATE LIMIT OF INSURANCE

The maximum we will pay under this endorsement, for the sum of all "reasonable and customary veterinary fees" incurred in respect of any one "horse," is \$7,500 in the aggregate. Our payment of a claim or loss under this endorsement will not reduce any other limit of insurance afforded by any other part of the policy to which this endorsement is attached or afforded by any other endorsement.

IV. DEDUCTIBLE

Each payment we make pursuant to this endorsement is also subject to a deductible of \$500. This deductible amount applies separately to each separate, unrelated, non-recurring accident or incident of injury, lameness condition or lameness injury, disease, illness, or physical disability, of or to each "horse."

V. CO-PAYMENT

Any payment we make for "reasonable and customary veterinary fees" will be subject to a co-payment by you of twenty (20) percent of those "reasonable and customary veterinary fees." Once the deductible described in **IV.** above has been satisfied, we will pay the remaining eighty (80) percent of such "reasonable and customary veterinary fees," subject to the \$7,500 aggregate limit of our liability for each "horse" as described above.

ADDITIONAL TERMS AND LIMITATIONS FOR GASTRIC ULCER, SHOCKWAVE THERAPY TREATMENT, BISPHOSPHONATE TREATMENT, and REGENERATIVE THERAPEUTIC TREATMENT.

Subject otherwise to all of the terms, provisions, conditions, limitations and exclusions of this endorsement, including but not limited to the Additional Premium, Aggregate Limit of Insurance, Co-Payment and Deductible provisions as set forth above, we will pay you “reasonable and customary veterinary fees” under this endorsement for gastric ulcer treatment, laser or shockwave therapy or a combination thereof , bisphosphonate treatment, and regenerative therapeutic treatment which are subject to the following limitations:

- A. We will pay for gastric ulcer treatment provided to a “horse” by a “qualified veterinarian,” but only if a diagnostic endoscopy has first been performed on that “horse” by a “qualified veterinarian” and has confirmed the presence of gastric ulcers; medication and related treatment not to exceed \$1,500.
- B. We will pay you for laser or shockwave therapy or a combination thereof , provided to a “horse” by a “qualified veterinarian,” but only up to a maximum amount of \$750 for each separate, unrelated, and non-recurring incident of injury, lameness condition or lameness injury, disease, illness, or physical disability of or to any one “horse.”
- C. We will pay you for bisphosphonate treatment provided to a “horse” by a “qualified veterinarian,” but only up to a maximum amount of \$750 for each separate, unrelated, and non-recurring incident of injury, lameness condition or lameness injury, disease, illness, or physical disability of or to any one “horse.”
- D. We will pay for regenerative therapeutics, including but not limited to PRP, IRAP, stem cell therapy provided to a “horse” by a qualified veterinarian” but only up to a maximum amount of \$1,500 for each separate, unrelated, and non-recurring incident of injury, lameness condition or lameness injury, disease, illness, or physical disability of or to any one “horse.”

VI. ADDITIONAL EXCLUSIONS

The Additional Coverage provided by this endorsement does not apply to any of the following:

- A. Any “surgical or medical treatment” or diagnostic testing for or relating in any manner to:
 - 1. any accident, injury, lameness condition or lameness injury, or physical disability that is first sustained, first occurs or first manifests itself prior to the effective date of this endorsement; or
 - 2. any illness or disease that is first contracted, first occurs, or first manifests itself prior to the effective date of this endorsement.
- B. Any “surgical or medical treatment” or diagnostic testing:
 - 1. for or relating in any manner to any flexural or angular limb deformity (regardless of its cause or origin, and whether or not evident prior to the effective date of this endorsement), including, but not limited to, club foot, valgus or varus deformities, bucked shins, knock knees, and contracted digital flexor tendons; or
 - 2. for or relating in any manner to any congenital defect (whether or not evident prior to the effective date of this endorsement), including, but not limited to, umbilical or scrotal hernia, cryptorchidism, hyperkalemic periodic paralysis, hereditary equine regional dermal asthenia, and severe combined immune deficiency syndrome; or
 - 3. for or relating in any manner to any complication of or arising from the treatment of any accident, disease, injury, lameness condition or lameness injury, illness, or physical disability otherwise excluded from this Additional Coverage; or
 - 4. normally provided as part of the care or maintenance of a healthy “horse,” or provided to a “horse” as routine maintenance or as a preventive or prophylactic measure; or
 - 5. provided by someone other than a “qualified veterinarian;” or

- 6. for or relating in any manner to any malicious or intentional injury, poisoning, or gross negligence, whether or not caused by you; or
 - 7. for or relating in any manner to a “horse” being trained to race or used for racing; or
 - 8. for a “horse” under thirty (30) days or over twenty (20) years of age at the effective date of this endorsement.
- C. Any treatment or diagnostic procedures for lameness provided (i) 6 months from the onset of the condition or (ii) after the expiration of coverage set forth in paragraph I.B. Additional Coverage – Medical Assistance, whichever comes first.
 - D. Any experimental, homeopathic, or performance-enhancing medication, procedure or treatment, chiropractic treatment, massage treatment, acupuncture, corrective or therapeutic shoeing, aqua-tread treatment, hyperbaric chamber treatment, Game Ready, therapeutic ultrasound, compression therapy, whirlpool treatment, treadmill treatment, vibration therapy, electrical stimulation treatment or magnetic treatment, whether or not used in conjunction with any other treatment method or used separately.
 - E. Any administration of any joint injection, synovial fluid stimulator, or synovial fluid replacer, whether or not used in conjunction with any other treatment method or used separately.
 - F. Any elective or voluntary “surgical or medical treatment,” including, but not limited to, castration, Caslick’s operation, and cosmetic surgery.
 - G. Any expense for a necropsy, “authorized humane destruction,” any other intentional destruction of a “horse,” disposal of a deceased “horse,” veterinarian call charges, veterinarian travel, or “horse” transport fees.
 - H. Any hospitalization or boarding charge from any facility that is neither an accredited school of veterinary medicine nor a licensed veterinary clinic.
 - I. Any fee or expense that is charged, paid, or incurred for preparation of any report required by Additional Condition Precedent **VIII. B.**, below.

VII. ADDITIONAL CONDITIONS PRECEDENT: YOUR DUTIES IN THE EVENT OF A CLAIM

Section **VI. CONDITIONS PRECEDENT** of the **EQUINE MORTALITY - BROAD FORM** policy is amended by adding the following additional conditions precedent which apply to only the Additional Coverage afforded by this endorsement. It is a condition precedent to any insurance afforded under Additional Coverage – Medical Assistance:

- A. that you give to us immediate notice of any accident, injury, lameness condition or lameness injury, physical disability, illness, or disease, for which a “horse” has received or is receiving “surgical and/or medical treatment” or diagnostic testing. Such notice should be given by telephone to us at our **24 HOUR EQUINE OPERATIONS CALL NUMBER: 1-800-331-0211**, and must include (a) a description of the accident, injury, illness, lameness condition or lameness injury, physical disability, or disease, and (b) the name and contact information of each “qualified veterinarian” providing such treatment or testing;
- B. that within sixty (60) days of any “surgical or medical treatment” or diagnostic testing that is the subject of a claim under this Additional Coverage, you submit to us a written report signed by the “qualified veterinarian” who provided such treatment or testing, describing the “surgical or medical treatment” or diagnostic testing provided and the “horse’s” diagnosis and condition. No charge or expense paid or incurred in connection with the preparation of such a report is covered under this endorsement. Any and all such charges and expenses are your responsibility;
- C. that, within sixty (60) days of any “surgical or medical treatment” or diagnostic testing that is the subject of a claim under this Additional Coverage, you also submit to us complete copies of all bills or invoices for such “surgical or medical treatment” or diagnostic testing; and

- D. that you assist and cooperate with us and our representatives in the adjustment and investigation of any claim or potential claim under this Additional Coverage. Such cooperation must include, but is not limited to, providing us and our representatives with access to any person(s), information, records, and documents we may require.

Any breach of any one or more applicable conditions precedent in respect of that “horse,” loss, or claim, will invalidate coverage under this Additional Coverage in respect of that “horse,” loss, or claim and will release us from all liability in respect of that “horse,” loss, or claim.

VIII. ADDITIONAL DEFINITIONS

The following definitions are added to **VIII. DEFINITIONS** of the Equine **MORTALITY - BROAD FORM** policy:

- A. **“Reasonable and customary veterinary fees”** means reasonable fees for a necessary veterinary service or product, within the range of the usual fees for the same or similar service or product charged by most veterinarians within the community where the service or product is supplied.
- B. **“Surgical or medical treatment”** means medication, treatment, and surgical procedures provided to a “horse” by a “qualified veterinarian” as necessary treatment for an accident, illness, injury, lameness condition or lameness injury, physical disability, or disease, and to which the Additional Coverage - Medical Assistance applies.

IX. OTHER INSURANCE

If other valid and collectible insurance or colic reimbursement program is available to you for any coverage provided in this Endorsement, any payment made under this coverage will be excess over the other insurance or colic reimbursement program whether that other insurance or reimbursement applies on a primary, excess, contingent or on any other basis.

All other terms, provisions, conditions, limitations and exclusions of the **EQUINE MORTALITY - BROAD FORM** policy remain unchanged.