

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EQUINE MEDICAL AND SURGICAL ENDORSEMENT

This endorsement modifies insurance provided under the following:

EQUINE MORTALITY POLICY

### A. COVERAGE

In consideration of the additional premium paid for each "horse" insured for this coverage, and shown in the Schedule, including subsequent endorsements, we agree with you as follows: We will indemnify you for "reasonable and customary fees" you incur for treatment provided to the "horse", by a "licensed veterinarian", resulting from and necessitated by an "incident", which occurs and is reported to us during the "coverage period".

All treatment must be performed:

1. During the "coverage period"; or
2. Within ninety (90) days after the expiration of the "policy period", provided the "horse" was insured on the Policy at the end of the "policy period".

### B. LIMITS OF INSURANCE

The most we will pay, including the special sub-limits for diagnostics and treatments, for each "horse" is the limit of insurance shown in the Schedule or subsequent endorsements.

**SPECIAL SUB-LIMITS FOR DIAGNOSTICS:** Diagnostic testing, including but not limited to, blood work, nerve blocks, radiography, ultrasound, nuclear scintigraphy (bone scan), magnetic resonance imaging (MRI), computed tomography (CT), myelogram, and thermography, as well as medications and hospitalization directly related or required for diagnostic testing, are subject to an annual sub-limit of \$2500 for each and every claim or reoccurrence thereof, and an annual sub-limit of \$4000 in the aggregate for the sum of all claims for any one "horse" subject to this provision.

**SPECIAL SUB-LIMITS FOR LAMENESS TREATMENTS:** Treatment resulting from "lameness", including but not limited to, surgery, stem-cell therapy, interleukin-1 receptor antagonist protein therapy (IRAP), platelet rich plasma (PRP) treatment, shockwave therapy, Tildren, and medications directly related to treatment for "lameness", are subject to an annual sub-limit of \$2,500 for each and every claim or reoccurrence thereof, and an annual sub-limit of \$4000 in the aggregate for the sum of all claims for any one "horse" subject to this provision.

### C. DEDUCTIBLE

For each and every claim or reoccurrence thereof covered by this endorsement, a deductible of \$400 will be applied.

### D. ADDITIONAL CONDITIONS

#### 1. DUTIES IN THE EVENT OF A CLAIM

Immediate notice is required in accordance with the Policy. However, for coverage provided by this endorsement only, we will pay for expenses incurred up to ninety (90) days prior to notification, provided that you have acted reasonably and we are not otherwise prejudiced by the delay in notification.

#### 2. OTHER CONDITIONS

Coverage provided by this endorsement is excess to coverage provided by the Colic Surgery Expense Endorsement (EMP 211). Coverage provided by this endorsement is primary to all other insurance or benefits available to you that provide similar coverage.

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In the event that mortality coverage on any "horse" to which this endorsement applies expires or is cancelled or deleted, this coverage will automatically terminate unless the mortality coverage for that "horse" is reinstated or restored.

In the event of a claim paid under this endorsement, the premium in respect of the "horse" is fully earned and retained.

**E. ADDITIONAL EXCLUSIONS**

We will not cover any expenses arising out of any of the following:

1. Any treatments normally associated with the maintenance of a healthy "horse".
2. Any nutraceutical, whether or not at the direction of a "licensed veterinarian".
3. Costs of transportation, veterinary travel, call charges, and emergency fees.
4. Any congenital birth defect, including but not limited to umbilical hernia, undescended testicles, contracted tendons or club foot, or nutritional conditions, whether or not evident at the beginning of the "coverage period" and whether or not deemed developmental or acquired.
5. Any elective or voluntary surgery or procedure, including but not limited to: neurectomy, castration, caslicks, or any cosmetic procedures.
6. Any alternative treatment or procedure, including but not limited to: chiropractic, massage, acupuncture, whirlpool, treadmill, laser, hyperbaric chamber, therapeutic ultrasound, or magnetic therapy.
7. Any dental procedure, unless necessitated by a visible, external, accidental, and violent means injury.
8. Any farrier services, including but not limited to corrective shoeing and therapeutic shoeing, whether or not medically necessitated or prescribed by a "licensed veterinarian".
9. Any joint treatment or procedure such as injections of synovial fluid, stimulators or replacers including cortico-steroids and anabolic steroids, whether or not used in conjunction with any other treatments.
10. Any charges arising out of complications from an excluded procedure, treatment, or condition.
11. Any "postmortem examination and necropsy" procedure.
12. Treatment rendered more than ninety (90) days prior to notifying us of the condition.

**F. ADDITIONAL DEFINITION**

For the purposes of this endorsement only, the following definition applies and supersedes any definition of this term elsewhere in the Policy or other endorsements:

"Reasonable and customary fees" means costs and expenses that are within the range of usual charges for the same or similar service or supplies charged by most veterinarians, or justified by all the attending circumstances, including but not limited to: the time required to perform the service or procedure, the severity of the condition treated, and the complexity of treatment of a particular case.

**ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.**