THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BASIC EQUINE MAJOR MEDICAL COVERAGE NO CO-INSURANCE PROVISION WITH DIAGNOSTIC AND LAMENESS SUB-LIMIT

This endorsement modifies insurance provided under the following:

EQUINE MORTALITY INCLUDING THEFT AND UNLAWFUL REMOVAL COVERAGE FORM

A. For the purposes of this endorsement, the following is added to **SECTION I – COVERAGE**, Paragraph **A. INSURING AGREEMENT**:

1. Subject to all the terms, conditions and exclusions of this Insurance Policy and in consideration of the additional premium paid, WE agree to reimburse YOU for any **REASONABLE AND CUSTOMARY VETERINARY FEES** for **SURGICAL OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING** provided by a qualified **VETERINARIAN** on YOUR **HORSE** and that occurs:

a. During the **PERIOD OF INSURANCE** applicable to this endorsement; or

b. For policies issued for one (1) year or longer, within ninety (90) days after expiration of the **PERIOD OF INSURANCE** provided that YOU have notified US of the accident, injury lameness condition, disability, illness or disease necessitating treatment during the **PERIOD OF INSURANCE**, up to the limit of liability stated in Paragraph **B. 1.** below and subject to the applicable **DEDUCTIBLE** shown in Paragraph **B. 2.** below.

B. For the purposes of this endorsement, the following is added to **SECTION II – LIMIT OF LIABILITY - THE AMOUNT THAT WE WILL PAY YOU IN THE EVENT OF A CLAIM**:

1. LIMIT OF LIABILITY

a. The maximum that WE will pay to YOU after deduction of the applicable **DEDUCTIBLE** shown in Paragraph **2.** below for **REASONABLE AND CUSTOMARY VETERINARY FEES** incurred by YOU because of **SURGICAL OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING** is the Major Medical and Surgical Limit of Liability shown in the declarations or schedule for that HORSE, or the percentage of the Major Medical and Surgical Limit of Liability shown in the Declarations or schedule for that **HORSE** directly proportionate to your percentage of ownership interest in that **HORSE**.

b. This limit of liability for **REASONABLE AND CUSTOMARY VETERINARY FEES** is an aggregate limit and applies to the total for all claims per insured **HORSE** per **PERIOD OF INSURANCE**.

c. Regardless of the Major Medical and Surgical Limit of Liability shown in the Declarations or schedule the most we will pay for:

i. The treatment of a lameness condition or lameness injury including, but not limited to, stem-cell therapy, interleukin-1 receptor antagonist protein therapy (IRAP), platelet rich plasma (PRP) treatment, shockwave therapy, Tildren, and medications directly related to the treatment of lameness condition or lameness injury is $2,500 for each claim or reoccurrence thereof, subject to a maximum of $4,000 for all claims during the **PERIOD OF INSURANCE.**

ii. **DIAGNOSTIC TESTING**, including, but not limited to, bloodwork, 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 is $2,500 for each claim or recurrence thereof, subject to a maximum of $4,000 for all claims during the **PERIOD OF INSURANCE**

iii. Gastric ulcer treatment, the maximum WE will pay is $2,500 on any one **HORSE** for each claim or recurrence for medication and treatment for such gastric ulcers subject to a maximum of $4,000 for all claims during the **PERIOD OF INSURANCE** provided that an endoscopic diagnosis is confirmed prior to treatment and is provided by a qualified **VETERINARIAN**.

2. **DEDUCTIBLE**
   a. For each claim covered by this endorsement, a **DEDUCTIBLE** as shown in the Declarations or Schedule.

   b. This **DEDUCTIBLE** amount applies separately to each separate, unrelated, non-recurring accident or incident of injury, lameness condition, injury, disease, illness, or disability, of or to each insured **HORSE**.

3. This endorsement will pay for the proportion of costs incurred by YOU in respect of YOUR ownership interest only. If YOU have a partial interest in the **HORSE**, WE will only pay YOU the percentage of the covered expenses as correctly reflects YOUR proportion of the **HORSE**.

4. OUR payment of a claim or loss under this endorsement will not reduce any other limit of liability afforded by any other part of this Insurance Policy.

C. For the purposes of this endorsement, the following additional exclusions are added to **SECTION III – EXCLUSIONS**:

ADDITIONAL EXCLUSIONS – BASIC EQUINE MAJOR MEDICAL COVERAGE WITH NO COINSURANCE PROVISION WITH DIAGNOSTIC & LAMENESS SUB-LIMIT

WE will not pay for any loss, expenses or **REASONABLE AND CUSTOMARY VETERINARY FEES** for **SURGICAL OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING** relating to:

1. Any **SURGICAL OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING** directly or indirectly necessitated by any accident, injury, lameness condition, disability, illness or disease which first occurs or first manifests itself prior to the effective date of this endorsement, or for any recurrence thereof.

2. Any undisclosed, pre-existing condition that pre-date the effective date of this endorsement

3. Any fee or expense incurred for a **NECROPSY** or any expense from an authorized **HUMANE DESTRUCTION** of a **HORSE** or preparation of any report required by the conditions of this endorsement.

4. Any fee or expense incurred for disposal of a deceased **HORSE**, veterinary travel, farm call, trip charges, emergency fees, or transportation to or from the treatment facility

5. Congenital conditions and/ or birth, confirmational, growth or nutritional defect conditions whether inherited, developmental or acquired, whether evident or not at the effective date of this endorsement including, but not limited to:

a. Flexural or angular limb deformity such as club foot, valgus or varus deformities, bucked shins, knock knees and contracted tendons, or
b. Umbilical or scrotal hernias, cryptorchidism, hyperkalemic periodic paralysis, hereditary equine regional dermal asthenia, and severe combined immune deficiency syndrome.

6. Any routine, elective or voluntary **SURGERY OR MEDICAL TREATMENT** including, but not limited to, castration, caslick's operations, correcting hemiplegia or entrapment of epiglottis, periosteal elevation or transphyseal bridging, neurectomy, tenotomy or cosmetic surgery.

7. Any **REASONABLE AND CUSTOMARY VETERINARY FEES** normally associated with the maintenance of a healthy **HORSE** or provided to the **HORSE** as a preventative or prophylactic measure, including, but not limited to, farrier, dentistry, preventative inoculations or worming charges.

8. Any experimental, homeopathic, or performance enhancing **MEDICATION**, procedure or treatment whether or not used in conjunction with other treatments or surgery. This exclusion includes, but is not limited to, chiropractic treatment, massage, acupuncture, treadmill or whirlpool treatment, laser therapy, electrical stimulation or magnetic treatment, hyperbaric chamber treatment, corrective or therapeutic shoeing, aqua-tread treatment and dietary supplements.

9. Intra-muscular, intra-articular and or intravenous injections of synovial fluid stimulators or replacers including but not limited to corticosteroids, anabolic steroids, Adequan, Hyaluronic Acid, Legend and any associated or related treatments.

10. Malicious or willful injury, poisoning, or gross negligence whether or not caused by YOU.

11. Any **HORSE** under thirty (30) days of age at the effective date of this endorsement.

12. Racehorses and any **HORSES** in training for racing.

13. Any hospitalization or boarding charge, fee or expense from any facility that is neither an accredited school of veterinary medicine nor a licensed veterinary clinic.

14. Any fees or expenses arising out of complications from an excluded procedure, treatment or condition.

15. Chronic Wear and tear conditions and progressive diseases not first occurring in the **PERIOD OF INSURANCE** and any recurrence including, but not limited to, Navicular Syndrome disease, Osteoarthritis (OA) and Degenerative Joint Disease (DJD).

16. Any dental procedure, unless necessitated by a visible, external, accidental and violent means.

17. Reimbursement for any expense incurred by you or your representative, for fees from a qualified **VETERNARIAN** more than ninety (90) days prior to your notification of claim to us, and hospitalization expenses greater than 24 hours prior to your notification of claim to us.

18. Any **HORSE** situated outside the territorial limits shown in **SECTION IV – CONDITIONS**, Paragraph **A. CONDITIONS PRECEDENT**, Subparagraph **3. Territorial Limits**.

D. For the purposes of this endorsement, the following additional conditions are added to **SECTION IV – CONDITIONS**:

ADDITIONAL CONDITIONS – BASIC EQUINE MAJOR MEDICAL COVERAGE NO COINSURANCE PROVISION WITH DIAGNOSTIC AND LAMENESS SUB-LIMIT

1. It is a condition precedent to OUR liability that the **SURGICAL AND/OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING** referred to in Paragraph **A.** above:

Is the direct result of an accident, injury, lameness condition, disability, illness, or disease first occurring and first manifesting itself during the **PERIOD OF INSURANCE**;

a. YOU report such accident, injury, lameness condition, disability, illness, or disease to US promptly; and

b. Notice is received by US before the expiration of the **PERIOD OF INSURANCE**.

2. There is an additional premium specified in the **SCHEDULE** for each **HORSE** to which this endorsement applies. If WE pay any claim or loss under this endorsement, the entire additional premium for that **HORSE** is deemed fully earned and is immediately due and payable.

3. What YOU Need To Do In The Event Of A Claim:

a. YOU shall promptly give notice to the person or persons specified in the **SCHEDULE** of any accident, injury, lameness condition or lameness injury, disability, illness or disease, for which a **HORSE** has received or is receiving **SURGICAL OR MEDICAL TREATMENT**. Such notice must include a description of the accident, injury, illness, lameness condition or lameness injury, disability or disease and the name and contact information for the **VETERINARIAN** providing such treatment or testing.

b. Within sixty (60) days of the **SURGICAL OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING** that is the subject of a claim under this endorsement, YOU shall:

(1) Submit to US a written report signed by the **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 incurred in the preparation of such a report is covered under this endorsement. Any and all such charges and expenses are YOUR responsibility; and

(2) Submit to US completed copies of all bills or invoices for such **SURGICAL OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING**.

c. YOU shall assist and cooperate with US in the investigation, adjustment and settlement of a claim or potential claim under this endorsement.

4. On acceptance of a claim, funds will be paid directly to YOU, less the **DEDUCTIBLE** It is YOUR responsibility to pay the **VETERINARIAN** in accordance with their terms of trade.

E. For the purposes of this endorsement, the following definitions are added:

1. **DEDUCTIBLE** means the amount WE will deduct from the loss before paying YOU.

2. **DIAGNOSTIC TESTING** means the testing of a **HORSE** conducted by or under the supervision of a **VETERINARIAN** to identify the cause or nature of a sign or symptom, including but not limited to flexion tests, hoof testing, blood tests, nerve blocks, bone scans, MRI scans, CAT-scans, x-rays, digital x-rays, xeroradiographs, ultrasounds, nuclear scintigraphy tests and myelograms.

3. **REASONABLE AND CUSTOMARY VETERINARY FEES** means reasonable fees charged for a veterinary service or product required in order to provide the **SURGICAL OR MEDICAL TREATMENT** or **DIAGNOSTIC TESTING** described in Paragraph **A.1.** above, within the range of usual fees for the same or similar service or product charged by most **VETERINARIANS** within the community where the service or product is provided.

4. **REGENERATIVE THERAPEUTICS** means regenerative treatments including, but not limited to, stem cell therapy, Interleukin Receptor Antagonist Protein (IRAP), and Platelet Rich Plasma (PRP).

5. **SURGICAL OR MEDICAL TREATMENT** means **MEDICATION,** treatment and surgical procedures provided to a **HORSE** by a **VETERINARIAN** as necessary treatment for an accident, illness, disease, injury, lameness or disability covered by this endorsement.

All other terms and conditions of the policy remain unchanged.