

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective _____ at 12:01 A.M. _____ forms a part of

Policy No. _____ Issued to: _____

By: _____

EMERGENCY COLIC SURGERY ENDORSEMENT

This endorsement modifies insurance provided under the following:

EQUINE MORTALITY INSURANCE POLICY

I. COVERAGE PROVIDED BY THIS ENDORSEMENT

We will pay **reasonable and customary fees** for **emergency colic surgery** and **post-operative care** incurred by **you** for each **horse** shown in the **DECLARATIONS, ITEM 3. SCHEDULE OF COVERED HORSES**.

II. LIMITS

A. The most we will pay for **emergency colic surgery** and **post-operative care** in the aggregate per policy period shall be the lesser of 50% of the Equine Mortality Limit or \$3000 for each **horse** requiring such surgery and/or care.

B. Subject to paragraph A., above:

1. The most we will pay for **post-operative care** is the lesser of:

a. 50% of the **reasonable and customary fees** incurred for **emergency colic surgery**; or

b. The **reasonable and customary fees** incurred for fifteen (15) days of **post-operative care** from the date of the **emergency colic surgery**.

2. The most we will pay for **third party emergency transportation** is \$300.

III. EXCLUSIONS

In addition to the exclusions stated in the policy, this endorsement shall not apply to any **horse** that has had:

A. Colic, impaction, or torsion in the twelve (12) months prior to the effective date of this policy, or

B. Digestive tract resection at any time.

IV. CONDITIONS APPLICABLE

A. **You** must give **us** or **our** authorized representative immediate notice of the **emergency colic surgery** including a description of the **horse** involved.

B. The **emergency colic surgery** must be performed:

1. During the Policy Period; and
 2. By a licensed veterinarian in:
 - a. an equine surgical clinic, or
 - b. a school of veterinary medicine, located within the continental United States or Canada.
- C. Within sixty (60) days after **emergency colic surgery**, you must file with us a Statement of Loss that includes:
1. a report signed by the attending licensed veterinarian describing the **emergency colic surgery** performed and the **horse's** condition; and
 2. copies of paid, itemized bills showing all fees, costs and expenses for **emergency colic surgery**, associated **post-operative care** and **third party emergency transportation**.
- D. If you have other insurance covering **emergency colic surgery**, this insurance shall be excess over such other insurance, whether valid or collectible.

V. DEFINITIONS APPLICABLE

- A. **Emergency colic surgery** means any invasive and corrective surgical procedure performed under general anesthesia used in the treatment of acute abdominal pain of the equine large and/or small intestine. **Emergency colic surgery** does not include veterinarian trip or call charges, diagnostic tests, such as, examinations, palpations, x-rays or any non-surgical procedure, such as, the administering of mineral oils or injections of pain killers to treat mild colic symptoms related to the occurrence.
- B. **Third party emergency transportation** means the transportation of the **horse** to a school of veterinary medicine or an equine surgical clinic for **emergency colic surgery** by an independent contractor, who is not an employee or a relative of the **Insured**.
- C. **Reasonable and customary fees** mean fees that are:
1. Within the range of usual fees for the same or a similar service or supply as charged by most veterinarians within a given area; or
 2. 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.
- D. **Post-operative care** means veterinary care associated with the **emergency colic surgery**.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE