

Medical Insurance Coverages

Please bind my insurance with the following endorsements (please select coverages)

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Medical Coverage Features*	COLIC Treatment and Surgery	SURGICAL Under General Anesthesia	\$7,500 Medical Assistance	\$10,000 Major Medical	\$15,000 Major Medical
PREMIUM	\$150	\$150	\$375	\$475	\$675
COVERAGE LIMIT	\$10,000	\$10,000	\$7,500	\$10,000	\$15,000
DEDUCTIBLE	\$250	\$250	\$500	\$500	\$500
CO-INSURANCE Company pays 80% of reasonable and customary veterinary fees	✓	✓	✓	✓	✓
Available to horses aged 30 days through 20 years	✓	✓	✓	✓	✓
Includes race horses	✓				
120-day extension of benefits provided	✓	✓	✓	✓	✓
No limit on duration of treatment or hospitalization days when medically necessary and veterinarian approved within the policy period	✓	✓		✓	✓
6-month coverage relating to lameness			✓		
Covers navicular, arthritis, and degenerative joint disease		✓	✓	✓	✓
Any experimental, homeopathic, performance-enhancing treatments, joint injections, chiropractic work, acupuncture, farm call charges, animal transport fees, and pre-existing conditions are not covered	✓	✓	*	✓	✓
Covers accident, injury, illness and disease	✓	✓	✓	✓	✓
Covers respiratory surgery		✓	✓	✓	✓
Covers respiratory or breathing treatment			✓	✓	✓
Gastric ulcer treatment confirmed by endoscopy			\$1,500	\$2,500	\$2,500
Covers shockwave therapy per unrelated occurrence			\$750	\$1,200	\$1,200
Covers regenerative therapeutics, IRAP, stem cell and PRP therapies per unrelated occurrence.		Jorsamant for full avala	\$1,500	\$3,000	\$3,000

Please refer to specimen endorsement for full explanation of benefits.

FREE COLIC COVERAGE: We will provide \$3,500 of colic surgery coverage on every qualifying horse that we insure. Full Mortality Broad Form includes Agreed Value, Wobbler Syndrome covered, Guaranteed Renewal Endorsement available through age 15, 120 day extension. All qualifying horses valued below \$15,000 will be eligible for colic, surgical and medical assistance coverages which may be stacked. Major Medical is not an option.

Client Name:	Date:	
lorse's Name:		
	PLEASE NOTE coverages will be bound as quoted unless this completed form is returned.	* Coverage illustrated above effective 5/15/17.