

13 PLANNED NEXT INVOICE

bill date	due date	minimum amount due
03/01/2019	03/21/2019	\$ 91.67

POLICIES ON THE ACCOUNT

policy symbol	policy number	policy mod	payment plan	number of installments remaining	remaining balance
CAP	9999991	00	25% down and monthly payments with the total due 3 months prior to expiration	8	\$ 500.00
PAC	9999992	00	25% down and monthly payments with the total due 3 months prior to expiration	8	\$ 600.00

15 BILLING DEFINITIONS

PREVIOUS BALANCE: The Minimum Amount Due stated on your last Premium Invoice.
 PREMIUM AND FEES: New premium charges and/or fees incurred after the date of your last Premium Invoice.
 PAYMENTS: Amounts received on account after the date of your last Premium Invoice.
 PAST DUE AMOUNT: Minimum amount owed by the Due Date to maintain your account in good standing.
 PAYMENT IN FULL: Total amount of premium and fees owed on the account as of the date of the current Premium Invoice.
 SERVICE CHARGE: Processing or transaction charges added to your account.

16 TERMS AND CONDITIONS

If the Past Due Amount is not received by the Due Date, a Cancellation will be issued for each delinquent policy. Payments received after cancellation date will not automatically reinstate the cancelled policy or policies. This invoice is not a reinstatement of any coverage or policy previously cancelled. The Company reserves the right to determine whether a cancelled policy will be reinstated following receipt of payment on or after the cancellation date. A Returned Check Fee of \$25.00 will be added to your account balance for each check returned unpaid by your bank.

BILLING ADDRESS CHANGE

Street Address _____

City _____

State _____ Zip _____

- 13. Planned Next Invoice** – Projection of the next planned invoice if there is no new activity on the account.
- 14. Policies on the Account** – Details of the policies on the account listing the payment plans, number of remaining installments and balances.
- 15. Billing Definitions** – A list of billing terms and definitions that appear on the invoice.
- 16. Terms and Conditions** – The terms and conditions of your direct bill account.

If you have any questions about your premium invoice or want to sign up for automatic recurring payment, please contact us at **1-800-847-4357** from 8 am – 6 pm ET (Monday – Thursday) or 8 am to 4:30 pm ET (Friday).

We also offer a variety of payment options. These are detailed on your invoice; see item 10.





Great American Insurance Equine Mortality
is at your service, and now at your fingertips!

Introducing the new Equine Insurance Mobile Apps for iPhone®, iPad® and Android® from Great American Insurance.

Download the Great American Equine Insurance
App from the iTunes® store to:

- Submit an Equine claim
- Pay your bill
- View policy documents
- Find a large animal vet
- Contact your agent



...and much more!

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for all the *great* you do[®]



Property and Casualty
 Privacy Notice and Notice of Insurance Information Practices

FACTS	WHAT DOES GREAT AMERICAN INSURANCE GROUP–PROPERTY AND CASUALTY (“GREAT AMERICAN”) DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security Number, date of birth, income; • Policy coverage, premiums, account balances, payment and claim history; • Credit history, driving record, medical and employment information. <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies need to share customers’ personal information to operate their business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons Great American chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Great American share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates’ everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates’ everyday business purposes— information about your creditworthiness	No	We do not share
For our nonaffiliates to market to you	No	We do not share

Questions?	Call 1-800-545-4269 or go to http://www.greatamericaninsurancegroup.com .
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Who we are	
Who is providing this notice?	This notice is provided by certain companies that make up Great American. These companies are listed below.
What we do	
How does Great American protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We also limit access to your information to those who need it to do their jobs.
How does Great American collect my personal information?	<p>We collect personal information about you, for example, when you</p> <ul style="list-style-type: none"> • Apply for insurance • Give us your contact information • Pay your insurance premiums • File an insurance claim • Tell us who receives the money • Visit our website or email us. <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal laws give you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include:</p> <ul style="list-style-type: none"> • Financial companies with a common Great American name; • Financial companies, such as MidContinent Casualty Company, Republic Indemnity Company of America, Summit Consulting LLC, National Interstate Insurance Company, or Premier Lease and Loan Services Insurance Agency, Inc. • Others, such as American Financial Group, Inc.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. Great American does not share with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include insurance agents or other insurance licensees.

Other important information

We do not disclose your health information with third parties, unless authorized by you or as allowed or required by law. We may disclose your information, as permitted by law, to underwrite or administer your policy, claim or account.

We may disclose your information to conduct research, so long as no individual data may be identified in the research study report.

You may review and correct information that we collect about you. To access your information please send a signed, written request to P&C Legal at Great American Insurance Company, 301 East Fourth Street, Cincinnati, Ohio 45202-4269; or by email to clegal@gaig.com. Please include your full name, address, telephone number, and policy number in your letter. We may request other information to validate your identity, such as a copy of your driver's license or other valid photo identification. If you believe any of your information is incomplete or incorrect, please write to us and explain what data you believe needs correcting. We will review your information. If we agree, we will correct our records. If we do not agree, you may file a written statement of dispute with us. Upon your request, we also may provide you with more information regarding the disclosure of your information.

Great American Insurance Company
 Great American Alliance Insurance Company
 Great American Assurance Company
 Great American Casualty Insurance Company
 Great American Contemporary Insurance Company
 Great American E&S Insurance Company
 Great American Fidelity Insurance Company
 Great American Insurance Company of New York
 Great American Protection Insurance Company
 Great American Security Insurance Company
 Great American Spirit Insurance Company

American Empire Surplus Lines Insurance Company
 American Empire Insurance Company
 GAI Warranty Company
 GAI Warranty Company of Florida
 Dempsey and Siders, Inc.
 Eden Park Insurance Brokers, Inc.
 Professional Risk Brokers, Inc.
 ABA Insurance Services Inc.
 Great American Insurance Agency, Inc.
 Premier Lease & Loan Insurance Services Insurance Agency, Inc.

EQUINE MULTISTATE FORMS REVISION

MASSACHUSETTS – ADVISORY NOTICE TO POLICYHOLDERS

This is a summary of the major changes in your Policy. No coverage is provided by this summary nor can it be construed to replace any provision of your Policy. You should read your Policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this summary, **the provisions of the Policy shall prevail.**

The major areas within the Policy that broaden or reduce coverage, and other changes, are highlighted below. This notice does not reference every editorial change made in your Policy. We have followed the Policy sequence of provisions in setting out this material.

Please note that not all the forms listed below may be applicable to your Policy. However, if any of the forms outlined in this document are shown on your Policy, the changes outlined herein will apply.

REVISED MASSACHUSETTS - \$7,500 MEDICAL ASSISTANCE ENDORSEMENT EQU 1199 (Ed. 11/19)

BROADENING OF COVERAGE

Additional Terms and Limitations for Gastric Ulcer, Shockwave Therapy Treatment, Bisphosphonate Treatment, and Regenerative Therapeutic Treatment

- a) Paragraph B. is revised to include therapy as a covered treatment. Each separate covered incident triggering laser or shockwave therapy, or a combination of both will continue to be limited to a \$750 payment.
- b) Bisphosphonate treatment is now provided up to \$750 for each covered incident.

REDUCTION OF COVERAGE

1. Additional Exclusions

- a) Paragraph C. clarifies that treatment for covered lameness incidents will be limited to six months from the onset of the condition, provided the condition first occurs or manifests itself during the covered policy period. Provided the policy period is 365 days or longer and the lameness incident occurred or manifested itself during the policy period, the lameness treatment will be covered for 120 days after the policy period but will not exceed six months in total of the policy period or the 120 days additional time.
 - b) Game Ready has been added as an excluded treatment.
2. An Other Insurance Clause has been added stating that coverage provided under this Endorsement will be considered excess over any other collectible insurance or colic reimbursement program that applies to the covered incident.

**REVISED MASSACHUSETTS – \$10,000 MEDICAL ENDORSEMENT
EQU 1197 (Ed. 11/19)**

BROADENING OF COVERAGE

Additional Terms and Limitations for Gastric Ulcer, Shockwave Therapy Treatment and Regenerative Therapeutic Treatment

- a) Paragraph B. is revised to include therapy as a covered treatment. Each separate covered incident triggering laser or shockwave therapy, or a combination of both will continue to be limited to a \$1200 payment.
- b) Bisphosphonate treatment is now provided up to \$1200 for each covered incident.

REDUCTION OF COVERAGE

1. Additional Exclusions

- a) Paragraph C. has been changed to restrict treatment for covered lameness incidents to six months from the onset of the condition, provided the condition first occurs or manifests itself during the covered policy period. Provided the policy period is 365 days or longer and the lameness incident occurred or manifested itself during the policy period, the lameness treatment will be covered for 120 days after the policy period but will not exceed six months in total of the policy period or the 120 days additional time.
 - b) Game Ready has been added as an excluded treatment.
2. An Other Insurance Clause has been added stating that coverage provided under this Endorsement will be considered excess over any other collectible insurance or colic reimbursement program that applies to the covered incident.

**REVISED MASSACHUSETTS – \$15,000 MEDICAL ENDORSEMENT
EQU 1198 (Ed. 11/19)**

BROADENING OF COVERAGE

Additional Terms and Limitations for Gastric Ulcer, Shockwave Therapy Treatment and Regenerative Therapeutic Treatment

- a) Paragraph B. is revised to include therapy as a covered treatment. Each separate covered incident triggering laser or shockwave therapy, or a combination of both will continue to be limited to a \$1200 payment.
- b) Bisphosphonate treatment is now provided up to \$1200 for each covered incident.

REDUCTION OF COVERAGE

1. Additional Exclusions

- a) Paragraph C. has been changed to restrict treatment for covered lameness incidents to six months from the onset of the condition, provided the condition first occurs or manifests itself during the covered policy period. Provided the policy period is 365 days or longer and the lameness incident occurred or manifested itself during the policy period, the lameness treatment will be covered for 120 days after the policy period but will not exceed six months in total of the policy period or the 120 days additional time.
 - b) Game Ready has been added as an excluded treatment.
2. An Other Insurance Clause has been added stating that coverage provided under this Endorsement will be considered excess over any other collectible insurance or colic reimbursement program that applies to the covered incident.

**REVISED COLIC ENDORSEMENT
EQU 1033 (Ed. 11/19)**

CLARIFICATION OF COVERAGE

Coverage wording has been clarified stating that ulcer treatment is not covered unless in conjunction with covered colic treatment.

**REVISED LOSS OF USE ENDORSEMENT
EQU 1032 (Ed. 11/19)**

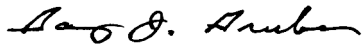
REDUCTION OF COVERAGE

The 70% reimbursement option has been removed. The 50% reimbursement option remains with the horse owner retaining possession of the animal.

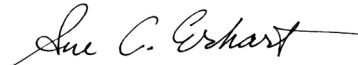
For further information, please contact your Great American Insurance Agent.

IN WITNESS CLAUSE

In Witness Whereof, we have caused this Policy to be executed and attested, and, if required by state law, this Policy shall not be valid unless countersigned by our authorized representative.



PRESIDENT



SECRETARY

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

ECONOMIC AND TRADE SANCTIONS CLAUSE

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance.

Policy No. AMP E298540 03 00
Renewal Of AMP E298540 02

**EQUINE MORTALITY BROAD FORM
 DECLARATIONS PART B**

NAMED INSURED AND ADDRESS Katherine Cissell 536 Fisher Street Walpole, MA 02081			POLICY PERIOD: 12:01 A.M. Standard Time at the address of the Named Insured shown at the left. From 12/14/2020 To 12/14/2021
Amount	\$	45,000	AGENT'S NAME AND ADDRESS: Corinthian Insurance Agency, Inc. 165 Main St Unit 214 Medway, MA 02053
Rate	%	3.00	
Premium	\$	2,075.00	
Minimum Premium	\$	200.00	
Surcharge/Taxes	\$	0.00	

Insurance is afforded by the Company named below, a Capital Stock Corporation:

Great American Insurance Company

SCHEDULE

Limit of Liability and Description of Horse

Item No.	Name	Breed	Age	Sex	Specified Use	Rate	Amount of Insurance
001	JETSON	WB	2014	G	DR	3.00%	45,000
	Major Medical \$575.00						10,000
	Surgical \$150.00						10,000
	Free Colic Surgery - Specified Animal						

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made a part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule EQU 88 01 (07/09).

Agent Signature

Date

EQUINE MORTALITY - BROAD FORM

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EQUINE MORTALITY - BROAD FORM

Please read this entire policy carefully to determine rights, duties, and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations of this policy. The words "we," "us," "our" and "the Company" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to **SECTION VIII. - DEFINITIONS.**

I. INSURING AGREEMENT

We will provide the insurance coverage described in this policy in:

- A. consideration of the premium you pay to us;
- B. reliance upon the accuracy and completeness of the statements, representations and warranties set forth in any application, veterinary certificate and/or declaration of health that are submitted to us by you or on your behalf, which are deemed a part of this policy and incorporated herein by reference; and
- C. consideration of your compliance with all of the terms, provisions and conditions of this policy.

II. COVERED CAUSES OF LOSS

Subject to all of the terms, provisions, conditions, exclusions and limitations of this policy, we will insure your "ownership interest" in each "horse" specified in the Declarations of this policy against the following Covered Causes of Loss:

A. Mortality

The death or "authorized humane destruction" of a "horse" occurring:

- 1. during the "policy period" of this policy; or
- 2. within 120 days immediately after the end of the "policy period" if (i) the "policy period" is 365 days or longer, and (ii) you do not renew your insurance with us for the "horse" after the "policy period" has ended,

provided that the death or "authorized humane destruction" results directly from one or more of the following:

- a. an accident, injury, lameness condition or lameness injury, or physical disability that is first sustained or that first occurs, or an illness or disease that is first contracted or that first occurs, during the "policy period," and further provided that such accident, injury, lameness condition or lameness injury, physical disability, illness or disease is reported to us within the "policy period;" or
- b. a surgical operation of one of the following three kinds, performed during the "policy period:"
 - (1) Surgery performed by a "qualified veterinarian" who certifies that the surgery is both:
 - (a) necessitated solely by either an accident, injury, lameness condition or lameness injury or physical disability that is first sustained or that first occurs, or an illness or disease that is first contracted or that first occurs, during the "policy period;" and
 - (b) performed in an emergency attempt to save the "horse's" life; or

(2) Surgery performed by a “qualified veterinarian” that is either:

- (a) to repair or remove a bone-chip; or
- (b) periosteal stripping surgery; or
- (c) screw fixation surgery; or
- (d) roarer or tie-back or laryngeal hemiplegia surgery; or
- (e) surgery to repair or remove osteochondrosis (OCD) lesions; or
- (f) check ligament desmotomy or annular ligament clipping; or
- (g) surgery to repair an umbilical hernia; or

(3) Surgery not described in **II.A.2.b.(1)** or **(2)**, above, but only if you provide us with notice of the proposed surgery at least seven (7) days in advance of its performance and we agree by written endorsement to cover death or “authorized humane destruction” resulting directly from that surgery in exchange for an additional premium.

Death or “authorized humane destruction” as a result of or contributed to by any surgery not expressly described in **II.A.2.b.(1)-(3)** above is not a Covered Cause of Loss.

For the purposes of Covered Cause of Loss **A. Mortality**, the date of the “horse’s” death or “authorized humane destruction” is deemed the date of loss.

B. Theft

The “theft” of a “horse” during the “policy period” or the death or “authorized humane destruction” of a “horse” during the “policy period,” resulting directly from the “theft” of that “horse” during the “policy period,” provided that:

1. during the twelve (12) months immediately before the beginning of the “policy period:”
 - a. no threat was made against you or any “horse” owned, in whole or in part, by you; and
 - b. there was no attempted “theft” of any “horse” owned, in whole or in part, by you; and
2. you immediately report any disappearance of a “horse” to us and to law enforcement, and you follow law enforcement’s instructions; and
3. notwithstanding **2.**, above, you do not pay, or agree or promise to pay, any ransom or give any assurance of such a nature to any third party; and
4. the “horse” is not recovered within ninety (90) days from the date you advise us of its disappearance.

For the purposes of Covered Cause of Loss **B. Theft**, the date of the “horse’s” “theft” is deemed the date of loss.

If we pay a claim to you for loss by “theft,” we have the right to take title and ownership of your “ownership interest” in the “horse” if the “horse” is subsequently recovered and you fail to return the claim payment to us within forty-five (45) days after recovery.

C. Wobbler Syndrome

A diagnosis that a "horse" which is twelve (12) years old or younger has "Wobbler Syndrome," such diagnosis having first been made:

1. during the "policy period" of this policy; or
2. within 120 days after the end of the "policy period" if (i) the "policy period" is 365 days or longer, and (ii) you do not renew your insurance with us for the "horse" after the "policy period" has ended,

provided that:

- a. the "horse" first manifested any symptoms of "Wobbler Syndrome," and those symptoms were reported to us, during the "policy period;" and
- b. you submit a written report to us from a "qualified veterinarian" appointed by you that:
 - (1) diagnoses the "horse" with "Wobbler Syndrome;" and
 - (2) certifies that in the opinion of the "qualified veterinarian" the "horse" will not recover and its "Wobbler Syndrome" is irreversible; and
- c. we and/or a "qualified veterinarian" appointed by us agree with your "qualified veterinarian" as to the diagnosis of the "horse" having "Wobbler Syndrome," that the "horse" will not recover and that its "Wobbler Syndrome" is irreversible; and
- d. you agree to either:
 - (1) humanely destroy the "horse," or
 - (2) if we require, transfer to us full title to and ownership of your interest in the "horse;" and
- e. any disagreement between your "qualified veterinarian" and our "qualified veterinarian" as to whether the "horse" has "Wobbler Syndrome," will not recover from "Wobbler Syndrome" and/or that its "Wobbler Syndrome" is irreversible, will be referred to an independent "qualified veterinarian:"
 - (1) who is to be mutually agreed upon by your "qualified veterinarian" and our "qualified veterinarian;" and
 - (2) whose decision will be final and binding upon you and us. The fee for the independent "qualified veterinarian" will be apportioned equally between you and us.

For the purposes of a Covered Cause of Loss of **C. Wobbler Syndrome**, the date we agree to pay a claim under **II.C.** of this policy is deemed the date of loss.

III. PAYMENT OF LOSS

Except as otherwise provided in this policy or in any written endorsement to this policy, if a Covered Cause of Loss of a "horse" occurs as described in **Section II. - COVERED CAUSES OF LOSS**, above, we will pay you the "agreed value" of your "ownership interest" in that "horse" as specified in the Limits of Liability section of the Declarations applicable to that "horse." Unless increased by written endorsement onto this policy, the most we will pay you under this policy for the sum of any and all losses of your "ownership interest" in any one "horse" will be that "agreed value."

However, if at any time during the "policy period" of this policy a "horse" is:

- A.** entered into a claiming, selling or combination race and the lowest amount for which your "ownership interest" in that "horse" could be claimed or sold in that race is less than the "agreed value" of your "ownership interest" in

that "horse" as specified in the Limit of Liability section of the Declarations, the "agreed value" for that "horse" will be automatically reduced, effective as of the time and date of the race and through the remainder of the "policy period" and any extension of coverage pursuant to paragraph **II.A.2.** and **II.C.2.** to the lowest amount for which your "ownership interest" in that "horse" could have been claimed or sold in that race; or

- B.** castrated or spayed, we reserve the right to review and reduce the "agreed value" of your "ownership interest" in that "horse" as specified in the Limit of Liability section of the Declarations applicable to that "horse."

When we are notified by you of the event of either **III.A.** or **B.** above and the "agreed value" is accordingly reduced, we will recalculate the premium for that "horse" to reflect the reduced "agreed value" and return to you any excess premium you have paid, calculated on a pro-rata basis from the date of such event.

Furthermore, if on the date a Covered Cause of Loss of a "horse" occurs, your actual "ownership interest" in that "horse" is less than your "ownership interest" at the beginning of the "policy period" in respect of that "horse," then, unless otherwise agreed to by us, the amount we will pay you upon the covered Cause of Loss of that "horse" will be automatically reduced proportionately to reflect your decreased "ownership interest" in that "horse."

IV. EXCLUSIONS

- A.** Regardless of any other cause or event that contributes concurrently or in any sequence to the loss of a "horse," this insurance does not cover any loss of a "horse" that, directly or indirectly, is caused by, results from, arises out of or is contributed to by any of the following:
- 1.** Any accident, injury, lameness condition or lameness injury or physical disability that was sustained by or occurred to, or any illness or disease that was contracted by or occurred to, the "horse" before the beginning of the "policy period" of this policy.
 - 2.** Any dishonest, fraudulent, criminal, intentional, or malicious act or omission committed to, on, or against a "horse" by:
 - a.** you or any co-owner of that "horse;" or
 - b.** any employee, agent, veterinarian, bailee, or family member of a person or organization described in **2.a.**; or
 - c.** any other person or organization having care, custody, or control of the "horse."
 - 3.** The intentional destruction, slaughter, or killing of a "horse," whether by or under the order of any federal, state, or local government, public body, or local authority, or by any person or body having or claiming jurisdiction over the matter. This exclusion, however, does not apply:
 - a.** to the death of a "horse" by "authorized humane destruction" resulting directly from any one or more of the Covered Causes of Loss described in Section II. of this policy; or
 - b.** if the "horse" is destroyed while on board an aircraft, and such destruction is carried out by or on the order of the responsible authority at the time and later confirmed by a sworn statement by that authority that in his opinion:
 - (1)** the "horse" became so uncontrollable as to have been a danger to the safety of the aircraft, crew, passengers or other cargo; and
 - (2)** the aircraft was not carrying any other stock to which the "horse" had a natural antipathy.
 - 4.** The giving of any "medication" to the "horse." This exclusion, however, does not apply if:
 - a.** the "medication" was given by either (i) a "qualified veterinarian" or (ii) experienced personnel directed by a "qualified veterinarian" to give the "medication;" and

- b. that "qualified veterinarian" certifies that the giving of the "medication" was either (i) for a preventative purpose or (ii) necessitated by an accident, injury, lameness condition or lameness injury or physical disability that was sustained, or an illness or disease that was contracted, during the "policy period."
5. Any voluntary parting with, possession of, or title to a "horse," or with an "ownership interest" in a "horse," as a result of any fraud, trickery, or false pretense.
6. Any nuclear fission, fusion, reaction or radiation, or radioactive contamination.
7. Any confiscation, nationalization or requisition by or under the order of any federal, state, or local government, public body or local authority, or any person or body having or claiming jurisdiction over the matter.
8. Any war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot, strike, or civil commotion.
9. Any mysterious or unexplained disappearance or escape of a "horse."

V. WHO IS AN INSURED

No person or organization, other than the Named Insured shown in the Declarations, is an insured or loss payee under this policy, unless expressly designated as such in a written endorsement we issue to be a part of this policy, and then only to the extent described in that endorsement.

VI. CONDITIONS PRECEDENT

EACH OF THE FOLLOWING IS A CONDITION PRECEDENT TO ANY LIABILITY BY US UNDER THIS POLICY. ANY FAILURE TO SATISFY ANY ONE OR MORE OF THESE CONDITIONS PRECEDENT, OR OF ANY CONDITION PRECEDENT IN ANY ENDORSEMENT TO THIS POLICY, IN RESPECT OF ANY "HORSE," LOSS, OR CLAIM, WILL INVALIDATE COVERAGE IN RESPECT OF THAT "HORSE," LOSS, OR CLAIM AND WILL RELEASE US FROM ALL LIABILITY IN RESPECT OF THAT "HORSE," LOSS, OR CLAIM.

A. Health Of Covered "Horses"

It is a condition precedent to our liability under this policy that at the beginning of the "policy period," each "horse" specified in the Declarations is in sound health and free from any illness, disease, injury, lameness condition or lameness injury or physical disability of any kind.

This condition precedent also applies to:

1. any increase in the "agreed value" of your "ownership interest" in a "horse" already insured under this policy;
2. any "horse" that is added to this policy; and
3. any extension of or addition to coverage for a "horse" already insured under this policy.

In any of the above cases, **1.**, **2.** and **3.**, this condition precedent must be satisfied as of the effective date of any such increase, addition or extension of or addition to coverage.

Our acceptance of an application, veterinary certificate, health statement and/or declaration of health submitted to us for insurance on any "horse" under this policy or for any increase, extension of or addition to coverage on a "horse" will not remove, satisfy or waive the requirement of full compliance with this condition precedent.

B. Coverage Territory

Unless otherwise provided in a written endorsement to this policy, it is a condition precedent of any liability by us under this policy that at all times during the entire "policy period" and during any extensions of coverage each

"horse" remains within the Continental United States of America and Canada, including during transits therein and between.

C. Proper Use

It is a condition precedent of any liability by us under this policy that no "horse" is used at any time during the "policy period" or during any extensions of coverage for any purpose that is not specified in the Declarations. If you intend to use a "horse" for a purpose other than that specified in the Declarations, you must notify us in advance of that use and secure our agreement in a written endorsement to insure the "horse" for that other purpose. If we agree to do so, we may condition our agreement on the payment of additional premium.

D. Proper Care And Attention

It is a condition precedent of any liability by us under this policy that each "horse" is provided with proper care and attention at all times during the "policy period" and during any extensions of coverage.

E. Insurable Interest

It is a condition precedent of any liability by us under this policy that you hold an "ownership interest" in each "horse" at the beginning of the "policy period," and during the entire "policy period" and any extension of coverage you maintain for each "horse."

F. Your Duties In The Event Of Accident, Injury, Illness, Lameness Condition Or Lameness Injury, Disease, Or Physical Disability

It is a condition precedent of any liability by us under this policy that, in the event of any accident, injury, illness, lameness condition or lameness injury, disease, or physical disability of any kind of or to a "horse," you do each and every one of the following or have it done by another:

1. Immediately, and at no expense to the Company, employ a "qualified veterinarian" to provide medical care to the "horse".
2. Give immediate notice to us of the accident, injury, illness, lameness condition or lameness injury, disease, or physical disability of any kind. 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, disease, or physical disability and (b) the name and contact information of the "qualified veterinarian" caring for the "horse;"
3. Use all reasonable means possible to save the life of the "horse;" and
4. Allow us to examine, and if we so require, to assume control over the treatment of the "horse" by a "qualified veterinarian" of our choice, at our expense, and allow the "horse" to be removed for such treatment. If you are only a part-owner of the "horse," you must use your best efforts to secure the agreement of the remaining owner(s) to our assuming such control and having the "horse" removed.

G. Your Duties In The Event Of A Covered Cause Of Loss

It is a condition precedent to any liability by us under this policy that, in the event of any loss of a "horse" because of the occurrence of a Covered Cause of Loss, you do each and every one of the following or have it done by another:

1. Give immediate notice to us of the occurrence of the Covered Cause of Loss. Such notice should be given by telephone to us at our **24 HOUR EQUINE OPERATIONS CALL NUMBER: 1-800-331-0211**;
2. In the event of the death or "authorized humane destruction" of a "horse," arrange for a "qualified veterinarian" to conduct a "necropsy" at no expense to the Company. However, we reserve the right to have a "necropsy" conducted by a "qualified veterinarian" we select, at our own expense;

3. In the event of the death or "authorized humane destruction" of a "horse," send us the death certificate and the "necropsy" report;
4. File with us a detailed, sworn proof of loss within sixty (60) days after the death, "authorized humane destruction" or diagnosis of "Wobbler Syndrome" of a "horse," and within ninety (90) days after the "theft" of a "horse;" and
5. Assist and cooperate with us and our representatives in the adjustment and investigation of any claim or potential claim by:
 - a. providing us and our representatives with access to any person(s), information, records and documents we may require; and
 - b. submitting and, so far as is within your power causing other persons to submit, to examinations under oath if required by us.

H. Notice

Any breach in any respect of any of the Conditions Precedent set forth in **VI.A.** through **G.** above, and/or of any one or more of the additional conditions precedent set forth in any endorsement to this policy, whether you have personal knowledge of such circumstances or events or such knowledge is confined to your family members, representatives, agents, veterinarians, employees, bailees, co-owners or other persons who have care, custody or control of a "horse" at any point in time, will render your claim null and void and release us from all liability.

VII. OTHER CONDITIONS

A. Other Insurance

Any claim you may have for the loss of a "horse" under this policy or any endorsement will be rendered null and void and we will be released from all liability if, at the time of the loss, you have any other insurance in force that insures against loss of that "horse" or your "ownership interest" in it, whether that other insurance is valid and collectible or not, unless we have agreed, in a written endorsement to this policy, to such other insurance.

If we issue an endorsement agreeing to such other insurance, then we will pay you only the amount, if any, by which the amount we would otherwise be obligated to pay you under this policy exceeds the amount of that other insurance, whether that other insurance is valid and collectible or not.

Unless we agree otherwise in writing, if we pay a loss under this policy, you are not entitled to receive any payment for any type of loss in respect of the same "horse" under any other policy or endorsement issued by us or any company affiliated with us.

B. Premium

If we pay a claim for the loss of a "horse" under this policy, the entire "policy period" premium for that "horse," including premium for any and all endorsements applicable to that "horse," is deemed fully earned and is immediately due and payable. In the event any premium, whether billed or not, is outstanding in respect of any "horse" at the time you make a claim under this policy in respect of that "horse", we have the right to offset the outstanding premium from any payment we make to you or to any loss payee for the claim in respect of that horse. Otherwise, the premium for insurance on a "horse" under this policy is deemed earned pro rata by day throughout the "policy period."

C. Cancellation

You may cancel the insurance under this policy, either in its entirety or only as to a specific "horse" or "horses," on a pro rata basis at any time, by providing us written notification within ten (10) days of your intent to cancel, stating the date and time such cancellation is to be effective.

When you have not paid the premium, we may cancel at any time by letting you know at least ten (10) days before the date cancellation takes effect.

We may cancel the insurance under this policy, either in its entirety or as to a specific "horse" or "horses," by mailing or delivering to you, at your address shown in the Declarations, written notice of cancellation at least ten (10) days before the effective date of such cancellation.

Upon any cancellation by you or by us, we shall return to you the paid premium less the earned portion. If this insurance is canceled effective before the end of the "policy period" shown in the Declarations, whether by you or by us, the "policy period" automatically ends when the cancellation becomes effective.

D. Subrogation Rights

If we pay a claim for a loss of a "horse" under this policy, then we will be subrogated, to the extent of such payment, to all of your rights and remedies against any other party that may be responsible for that loss and will be entitled at our own expense to sue in your name.

You must execute all documents, appear to give testimony and give us all such other assistance as we may require to secure such rights and remedies. You must not do anything to jeopardize or extinguish our rights of subrogation.

Our rights of subrogation against any third parties who may be legally responsible or liable, in whole or in part, for a loss we pay under this policy will have priority over any and all claims that you have against such third parties for any and all monetary damages sustained or alleged to be sustained by you relating to the losses that are not covered by this Insurance. We will, therefore, be entitled to recover and receive first, to the extent of our payment to you of a claim under this policy, all monetary amounts recovered from any third parties who may be legally responsible or liable, in whole or in part, for the loss, before you will be entitled to recover or receive any monetary amounts from such third parties for any and all monetary damages sustained or alleged to be sustained by you that are not covered by this Insurance.

E. Concealment, Misrepresentation, Or Fraud

The insurance under this policy is null and void from inception and we are released from all liability under this policy if you or anyone acting on your behalf has committed any fraud or concealed, misrepresented, omitted or failed to disclose any material fact or circumstance, relating to this policy, any "horse" insured under this policy, your "ownership interest" in any "horse" insured under this policy, or any loss or claim under this policy.

F. Suit Against The Company

No suit, action or proceeding against us for the recovery of any sum under this policy shall be sustainable in any court of law or equity unless the same be commenced within twelve (12) months after your discovery of the occurrence which gives rise to the claim. If, however, the laws of the State within which the policy is issued render such limitation invalid, then any such suit, action, or proceeding shall be void unless commenced within the shortest limit of time permitted by the laws of such State to be fixed herein.

Moreover, no suit, action or proceeding for the recovery of any sum under this policy may be brought against us unless you have first fully complied with all terms, conditions and provisions of this policy.

G. Disposal

If a "horse" dies, then, upon receiving permission from us, you shall remove and dispose of the remains of that "horse" at your own expense.

H. Assignment

1. Neither your rights nor your duties under this policy may be transferred without our written consent, except in the case of the death of an individual Named Insured. Subject to 2., below, any claim you may have for any

loss under this policy or any endorsement to this policy will be rendered null and void and we will be released from all liability if you purport or attempt to assign or transfer any of your rights or duties under this policy without our written consent.

2. If you die, your rights and duties will be transferred to your legal representative, but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties, but only with respect to that property.

I. Conformance To Statute

To the extent any provision of this policy conflicts with a statute or regulation of the state or country within which this policy is issued, that provision shall be deemed amended so as to conform to minimum mandatory requirements of that statute or regulation.

VIII. DEFINITIONS

- A. **“Agreed value,”** with regard to a particular “horse,” means the amount of insurance for your “ownership interest” in a “horse,” as shown in the Limits of Liability section of the Declarations of this policy, subject to any reductions as set forth in this policy
- B. **“Authorized humane destruction”** means the intentional destruction of a “horse” under any of the following circumstances:
 1. Where we, without any condition, qualification, or reservation, have expressly agreed to the destruction of the “horse”; or
 2. Where a “horse” sustains an injury and a “qualified veterinarian” appointed by you certifies to us that the suffering of the “horse” is incurable and so excessive that immediate destruction is imperative for humane reasons; or
 3. Where a “horse” sustains an injury or is afflicted with an excessively painful illness or disease and a “qualified veterinarian” appointed by us certifies to us that the suffering of the “horse” is incurable and so excessive that immediate destruction is imperative for humane reasons.
- C. **“Horse”** means any horse specified or described in the Declarations of this policy.
- D. **“Medication”** means any drug, vaccine, hormone, vitamin, protein, supplement, or other substance (other than unadulterated food or drink.)
- E. **“Necropsy”** means a post-mortem examination and dissection of a dead “horse” conducted by a “qualified veterinarian” to establish the identity of the “horse” and the cause of its death or the reason for its “authorized humane destruction.”
- F. **“Ownership interest”** with regard to a particular “horse” means the ownership interest you hold in that “horse” at the beginning of the “policy period,” during the “policy period,” and during any extension of coverage under this policy.
- G. **“Policy period”** means the period of time for which this policy is in force, as shown in the Declarations of this policy. The “policy period” begins at the date and time designated as **From** in the Declarations, and ends at the date and time designated as **To** in the Declarations. If we agree to add one or more “horses” by endorsement to this policy after the **From** date in the Declarations, the “policy period” for each such “horse” begins on the effective date of each endorsement adding such “horse” and shall end on the **To** date in the Declarations. However, if the policy is cancelled effective before the end of the “policy period” shown in the Declarations, by you or by us, the “policy period” automatically ends when cancellation becomes effective.

- H. **“Qualified veterinarian”** means a physician or surgeon experienced in equine practice and medicine who has a currently valid license to practice veterinary medicine.
- I. **“Theft”** means the unlawful taking of a “horse” by another.
- J. **“Wobbler Syndrome”** means cervical vertebral malformation, spinal cord compression and/or cervical compressive myelopathy confirmed by reports from two (2) different qualified veterinarians, both of whom opine that the horse will not recover and that the condition is irreversible. However, “Wobbler Syndrome” does **NOT** include any one or more of the following:
1. Equine Protozoal Myelitis;
 2. Any other cause of spinal cord ataxia; or
 3. Arthritis or arthritic changes, unless confirmed by a myelogram that such arthritis or arthritic changes have resulted in spinal cord compression.

THIS POLICY IS MADE AND ACCEPTED SUBJECT TO THE FOREGOING STIPULATIONS AND CONDITIONS, WHICH ARE HEREBY SPECIFICALLY REFERRED TO AND MADE A PART OF THIS POLICY, together with such other provisions, agreements, and conditions as may be endorsed hereon or added hereto, and no officer or representative of the Company shall have the power to change or be deemed to have waived any provisions or conditions of this policy unless such change or waiver shall be written upon or attached hereto, nor shall any privilege, agreement, or permission affecting the insurance under this policy exist or be claimed by the named insured unless so written or attached.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FREE COLIC SURGERY ENDORSEMENT

This endorsement modifies the insurance provided under your **EQUINE MORTALITY - BROAD FORM** policy, by adding the following separate Additional Coverage:

I. ADDITIONAL COVERAGE - FREE COLIC SURGERY

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, we will pay you "reasonable and customary veterinary fees" incurred for "colic surgery" 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 is attached,

Provided that the "colic surgery" is necessitated by an incident of "colic" to a "horse", that is first sustained, or that first occurs, during the period in which this endorsement is in effect and reported to us during that period.

II. ADDITIONAL PREMIUM - THIS COVERAGE IS FREE

III. AGGREGATE LIMIT OF INSURANCE

The maximum we will pay under this endorsement, for the total sum of any and all "reasonable and customary veterinary fees" incurred for "colic surgery" provided to any one "horse" is \$3,500 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. OTHER INSURANCE

The coverage for "colic surgery" is primary of any other collectible insurance.

V. OWNERSHIP CLAUSE

If you have partial ownership in the covered animal, we will pay only the portion of any covered expense as it directly relates to your percentage of ownership interest in the animal, subject to the limit of liability. For example: if you own 50% of a covered animal, the maximum benefit available under this endorsement is 50% of the above noted Aggregate Limit of Insurance.

VI. ADDITIONAL EXCLUSIONS

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

- A.** Any "horse" with a previous incident of "colic" or other gastrointestinal disorder, unless such history was fully and accurately disclosed to and accepted by us prior to the effective date of this endorsement.

- B.** Any “colic surgery”:
1. For or relating in any manner to any condition other than “colic”; or
 2. Provided by someone other than a “qualified veterinarian”; or
 3. Rendered to treat any “colic” that is related in any manner to any malicious or intentional act, poisoning, or gross negligence, whether or not caused by you; or
 4. For any “horse” under thirty (30) days or over twenty (20) years of age at the effective date of this endorsement.
- C.** Any expenses 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.
- D.** Any hospitalization or boarding charge from any facility that is neither an accredited school of veterinary medicine nor a licensed veterinary clinic.
- E.** Any fee or expense that is charged, paid, or incurred for preparation of any report required by Additional Condition precedent V.B., below.
- F.** Any “horse” covered under the **EQUINE MORTALITY - SPECIFIED PERILS FORM**.

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 - Colic Surgery:

- A.** That you give to us immediate notice of any “colic” of the “horse”: 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 event and (b) the name and contact information of each “qualified veterinarian” providing “colic surgery” to the “horse”.
- B.** That, within sixty (60) days of any “colic surgery” that is the subject of a claim under this Additional Coverage, you submit to us a written report signed by the “qualified veterinarian” of the “horse” describing the “colic surgery” 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 “colic surgery” 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 “colic surgery”.
- D.** That you assist and cooperate with us and our representative 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 to that “horse”, loss, or claim and will release us from all liability in respect to that “horse”, loss, or claim.

VIII. ADDITIONAL DEFINITIONS

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

- A. **“Colic”** means acute abdominal pain caused by spasm, obstructions, twisting, entrapment, impaction, or lack of motility.
- B. **“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.
- C. **“Colic Surgery”** means any surgically invasive corrective procedure performed to a “horse” under general anesthesia by a “qualified veterinarian” to treat acute abdominal pain to which this Additional Coverage - Free Colic Surgery applies.

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

PLEASE NOTE

IMMEDIATE NOTICE OF ANY OCCURRENCE WHICH COULD RESULT IN A CLAIM INVOLVING ANY ANIMAL INSURED UNDER THIS POLICY MUST BE GIVEN BY YOU, YOUR REPRESENTATIVE, OR OTHER PERSONS WHO HAVE CARE, CUSTODY AND CONTROL OF SUCH ANIMAL.

NOTICE IS TO BE GIVEN TO GREAT AMERICAN INSURANCE - EQUINE OPERATIONS CALL 24 HOURS 1-800-331-0211. PLEASE ADVISE POLICY NUMBER, NAME OF INSURED, AND ANIMAL INVOLVED, ALSO INCLUDE A TELEPHONE NUMBER TO CONTACT WHERE THE ANIMAL IS LOCATED.

GENERAL CONDITION 6 OF THE POLICY STIPULATES THE REQUIREMENTS FOR TREATMENT OF SICKNESS OR INJURY TO AN INSURED ANIMAL. THESE STIPULATIONS MUST BE ADHERED TO IMMEDIATELY WHEN THE CONDITION OR INJURY IS OBSERVED OR KNOWN.

IT IS ESSENTIAL TO CONFORM TO ALL THE ABOVE REQUIREMENTS SINCE FAILURE TO DO SO WILL INVALIDATE ANY CLAIM UNDER THIS POLICY.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SURGICAL ENDORSEMENT

This endorsement modifies the insurance provided under your **EQUINE MORTALITY - BROAD FORM** policy by adding the following separate Additional Coverage:

I. ADDITIONAL COVERAGE - SURGICAL TREATMENT

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 treatment" 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 treatment" is necessary for that "horse" because of any accident, illness, disease, 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 \$150 for each "horse" to which this Additional Coverage applies. If we pay any claim or loss under this Additional Coverage, the entire \$150 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 \$10,000 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 \$250. This deductible amount applies separately to each separate, unrelated "surgical treatment" provided for or to each "horse."

V. CO-PAYMENT FOR SURGICAL TREATMENT

Any payment we make for "reasonable and customary veterinary fees" incurred for "surgical treatment" 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 \$10,000 aggregate limit of our liability for each "horse" as described above.

VI. ADDITIONAL TERMS AND LIMITATIONS FOR GASTRIC ULCER 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 for Surgical Treatment and Deductible provisions as set forth above, we will pay you "reasonable and customary veterinary fees" under this endorsement for Gastric Ulcer Treatment as a result of "surgical treatment" of your "horse," subject to the following limitations:

- A.** We will pay for gastric ulcer treatment provided to a "horse" by a "qualified veterinarian," but only:
1. if that treatment is prescribed by a "qualified veterinarian" as a follow-up to "surgical treatment" to your "horse"; and
 2. medication and related treatment not to exceed \$2,500.

VII. ADDITIONAL EXCLUSIONS

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

- A.** Any "surgical treatment" 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 treatment":
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 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 experimental, homeopathic, or performance-enhancing medication, procedure or treatment, chiropractic treatment, massage treatment, acupuncture, corrective or therapeutic shoeing, shockwave treatment, aqua-tread treatment, hyperbaric chamber treatment, whirlpool treatment, treadmill treatment, laser treatment, or magnetic treatment, whether or not used in conjunction with any other treatment method or used separately.
- D. 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.
- E. Any elective or voluntary "surgical treatment," including, but not limited to, castration, Caslick's operation, and cosmetic surgery.
- F. 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.
- G. Any hospitalization or boarding charge from any facility that is neither an accredited school of veterinary medicine nor a licensed veterinary clinic.
- H. Any fee or expense that is charged, paid, or incurred for preparation of any report required by Additional Condition Precedent **VIII.B.**, below.

VIII. 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 - Surgical Treatment:

- 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 treatment." 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.
- B. that within sixty (60) days of any "surgical treatment" 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 "surgical treatment," describing the "surgical treatment" 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 treatment" 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 treatment."
- 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.

IX. 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 treatment"** means surgery under general anesthesia, provided to a horse by a "qualified veterinarian," if that surgery is necessitated by an accident, illness, injury, lameness condition or lameness injury, physical disability, or disease, to which this Additional Coverage - Surgical applies.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MASSACHUSETTS - \$10,000 MEDICAL 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

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, illness, disease, 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 \$575 for each "horse" to which this Additional Coverage applies. If we pay any claim or loss under this Additional Coverage, the entire \$575 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 \$10,000 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. COINSURANCE

Any payment we make for "reasonable and customary veterinary fees" will be subject to coinsurance, paid 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 \$10,000 aggregate limit of our liability for each "horse" as described above.

ADDITIONAL TERMS AND LIMITATIONS FOR GASTRIC ULCER, SHOCKWAVE THERAPY 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, Coinsurance 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 \$2,500.
- 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 \$1,200 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 \$1,200 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 you 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 \$3,000 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 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, 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, 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:

- 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 this Additional Coverage - Medical 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.

FORMS AND ENDORSEMENTS SCHEDULE

It is hereby understood and agreed the following forms and endorsements are attached to and are a part of this policy:

	Form and Edition		Date Added * or Date Deleted	Form Description
1.	IL7268	09-09		In Witness Clause
2.	IL7324	08-12		Economic And Trade Sanctions Clause
3.	EQU1012	07-09		Equine Mortality Broad Form Declarations Part B
4.	EQU1013	07-09		Equine Mortality - Broad Form
5.	EQU1138	10-12		Free Colic Surgery Endorsement
6.	AGR246C	01-00		Please Note
7.	EQU1038	05-14		Surgical Endorsement
8.	EQU1197	11-19		Massachusetts - \$10,000 Medical Endorsement
9.	EQU1029	07-09		Guaranteed Renewal Endorsement

* If not at inception

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GUARANTEED RENEWAL ENDORSEMENT

This endorsement modifies the insurance provided under your **EQUINE MORTALITY - BROAD FORM** policy, by adding the following separate Additional Coverage:

I. ADDITIONAL COVERAGE - GUARANTEED RENEWAL

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, we guarantee that, at the end of the "policy period" of the Policy, we will renew the insurance afforded for **Covered Cause of Loss A. Mortality** by section **II.A.1.** of the **EQUINE MORTALITY - BROAD FORM** policy, for up to, but not exceeding, an additional 365 days with respect to any "horse" that:

- A. is fifteen (15) years old or younger at the end of the "policy period"; and
- B. first sustains, contracts or manifests any accident, injury, lameness condition or lameness injury, physical disability, illness or disease from the effective date of this endorsement to the end of the policy period and that is reported to us during the "policy period."

II. CONDITIONS

The guarantee described above applies to a "horse" only if:

- A. you have, throughout the "policy period," immediately notified us of each accident, injury, lameness condition or lameness injury or physical disability sustained by that "horse," and of each illness or disease contracted by that "horse," in accordance with Condition Precedent **F.2.** of section **VI.** of the **EQUINE MORTALITY - BROAD FORM** policy; and
- B. you have furnished to us, before the end of the "policy period," any Renewal Application, Veterinary Certificate, and Declaration of Health which we may require in connection with renewing such coverage for that "horse"; and
- C. that "horse" has neither sustained any accident, injury, lameness condition or lameness injury or physical disability, nor contracted any illness or disease, which either:
 - 1. has not been fully disclosed to us in writing before or during the "policy period"; or
 - 2. pre-existed the beginning of the "policy period" of the Policy to which this endorsement is attached; and
- D. you promptly pay to us when due the premium we require to renew such insurance with respect to that "horse"; and
- E. you have otherwise complied with all of the terms and conditions of the Policy; and

F. throughout the "policy period," that "horse" has been continuously insured for **Covered Cause of Loss A. Mortality** under section **II.A.1.** of the **EQUINE MORTALITY - BROAD FORM** policy.

We will not, in connection with a guaranteed renewal pursuant to this endorsement, reduce the applicable "agreed value" shown in the Declarations for any "horse" to which such a renewal applies, unless:

G. you request us to do so; or

H. you sell, transfer, or otherwise reduce, all or any part of your "ownership interest" in that "horse," in which case we reserve the right to reduce the "agreed value" shown in the Declarations in proportion to the amount by which you have reduced your "ownership interest" in that "horse."

We may, in connection with a guaranteed renewal pursuant to this endorsement, increase the "agreed value" with respect to a "horse," but only if both you and we agree to do so, and only subject to such other terms as both you and we may agree. We may charge additional premium in connection with any such increase in "agreed value."

The premium we charge for a guaranteed renewal pursuant to this endorsement will not exceed our applicable premium rate in effect at the time of renewal, for a "horse" of the same age, sex, and use category, regardless of the health of the "horse" to which the renewal applies.

III. EXCLUSIONS

This endorsement does not apply to, and no guaranteed renewal is available for, any:

- A. "horse" if the Policy to which this endorsement is attached is cancelled by us at any time for nonpayment of premium;
- B. coverage, additional coverage, cause of loss, or endorsement, other than the insurance afforded for **Covered Cause of Loss A. Mortality** by section **II.A.1.** of the **EQUINE MORTALITY - BROAD FORM** policy;
- C. "horse" that sustained any accident, injury, lameness condition or lameness injury or physical disability, or that contracted any illness or disease, which either:
 - 1. was not fully disclosed to us in writing before or during the "policy period;" or
 - 2. pre-existed the beginning of the "policy period" of the Policy to which this endorsement is attached;
- D. "horse" that is sixteen (16) years of age or older at the end of the "policy period."

IV. AUTOMATIC TERMINATION

This endorsement automatically terminates as to all "horses," and thereafter has no force or effect as respects any "horse," immediately upon our cancellation of this Policy for nonpayment of premium.

Great American® at Your Service...

We would like to take this opportunity to thank you for placing your insurance with Great American. We are committed to providing you with excellent service and have established special phone lines to help you present claim inquiries and resolve conflicts.

CUSTOMER SERVICE I.D. CARD

Insured:
Katherine Cissell

Policy No.:
AMP E298540 03 00
Issue Date:
12/14/2020

Service Contacts:
Corinthian Insurance Agency, Inc.
Emergency Claims (24 hours)

Phone No.:
(877)250-5103
(800)331-0211

Since your independent agent is your primary contact, we suggest that you attempt to contact the agency first. Should a loss occur after business hours, you may leave a message via our toll-free Emergency Claims phone line. An experienced Great American Claim Representative will contact you.

CUSTOMER SERVICE I.D. CARD

Insured:
Katherine Cissell

Policy No.:
AMP E298540 03 00
Issue Date:
12/14/2020

Service Contacts:
Corinthian Insurance Agency, Inc.
Emergency Claims (24 hours)

Phone No.:
(877)250-5103
(800)331-0211

Call (800)331-0211 during business hours to present inquiries or obtain information.

Call (800)331-0211 anytime to request emergency claims assistance.

The Great American customer service I.D. card attached will keep your agent's number, and our toll-free Emergency Claims number at your fingertips. Please carry it with you at all times so that you know whom to call in any situation. A card may be given to your trainer or farm manager.

CUSTOMER SERVICE I.D. CARD

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Katherine Cissell

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