

XL SPECIALTY INSURANCE COMPANY

VET CERTIFICATE FOR EQUINE MORTALITY INSURANCE

The purpose of this examination is to identify and examine the involved horse in accordance with this Certificate, and to report to the company any medical facts known to you and/or obtained by you in the examination. Horses should be examined in motion.

I, _____ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of _____ and have this day examined:

Name _____ Age _____ Sire _____ Dam _____

Color _____ Sex _____ Breed _____ Markings and/or tattoo number _____

Owned by: _____
Name _____ Address _____

Pulse and respiration normal? Yes () No () History of EIPH? Yes () No ()
Temperature normal? Yes () No () EIA negative? Yes () No ()
Eyes normal? Yes () No () Heart normal? Yes () No ()
Any contagious or infectious disease present? Yes () No () Is stabling adequate? Yes () No ()

Any clinical evidence of objectionable vices or habits? Yes () No () If yes, describe: _____

Comments to above, if needed: _____

The external genitalia of this breeding stallion appear to be normal in size and consistency for his age and breed Yes () No ()

Has any surgery, including but not limited to castration or neurectomy, been performed? Yes () No () If yes, describe:

a) procedure, b) state of recovery, and c) likelihood of future problems and/or complications as a result of procedure: _____

Any clinical evidence of lameness, faulty conformation, or other abnormal conditions? Yes () No () If yes, describe: _____

History of colic or any other intestinal disorder? Yes () No () If yes, describe, including frequency of occurrence: _____

Explanation of any abnormal findings and/or additional comments: _____

In your opinion or to your knowledge, are there any other medical facts that should be brought to the attention of the company or any reason other than shown above why this animal should not be insured? _____

Except as noted above, I hereby certify to the best of my knowledge and belief the horse is sound and in good condition.

Date of examination: _____ Time of examination: _____

By: _____ Address: _____
Print name City, State, Zip Code

Signature _____ Phone: _____

Pregnancy Examination Certificate

The following Pregnancy Certificate is to be completed for Prospective Foal Insurance ONLY.

I have this day examined the mare listed above, and I have followed the customary standard veterinary clinical procedures in performing this pregnancy examination. Based upon my findings from this examination, it is my opinion:

- _____ 1. That said mare is in foal; and _____ 2. That said mare is not carrying twins, but this cannot be determined with absolute certainty by the examination performed.
- _____ 3. That said mare is barren. _____ 4. Other _____

Manual palpation (Dates) _____ Ultrasound exam (Dates) _____

Is said mare, in your opinion, healthy and normal with regard to her ability to carry the foal to term? _____

Date of Examination: _____ Signed: _____ Phone: _____