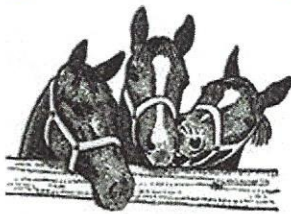


Shadle Insurance



(888) 821-7629

1921 Spring Street
Paso Robles, CA 93446
fax (805) 462-3275
lic # 0E35261 & 0G45377
www.shadleinsurance.biz

coverage provided through:



Equine Division

Below are brief explanations of available coverage for **HORSE INSURANCE** through Great American, an AM Best A rated company,

Mortality/Theft Coverage *There is a minimum premium of \$200.00 per horse.*

This policy covers the horse if death occurs due to an accident, illness, disease, injury, or humane destruction where the vet can certify that the animal's condition is incurable and so excessive that immediate destruction was necessary for humane reasons. We can insure the horse for the purchase price within the first year of ownership. If a higher value is requested please supply us with a show record or provide a letter stating how much you have paid for training fees (this does not include board, farrier or veterinary fees) to justify any increase. You **must** have a Mortality/Theft policy in order to be eligible to receive Major Medical, Surgical, Loss of Use, Stallion Infertility, and/or Air Transit coverage's. All pre-existing and congenital conditions are **not** covered. We can write new business on any horses aged 24 hours old through age 19. Renewal policies will be offered through age 20, however the rates will increase each year on horses over the age of 14. A vet exam is required for **all** horses over \$100,000.00 in value for new business. We will accept values up to \$100,000.00 without a veterinary certificate as long as the horse has not been seen by a veterinarian for other than routine care. Please keep in mind if you would like coverage for a foal we will require a vet exam if the foal is under 3 months of age. To insure a foal it must be at least 24 hours old. If the foal is under 30 days of age we will need the results of the IGG test. In all other cases, we only require that you sign the statement of condition, which states that the horse has not been seen by a veterinarian for other than routine care. Horses free of pre-existing colic conditions automatically receive **\$3500 worth of free colic surgery** coverage with their mortality coverage.

Surgical Endorsement (no pre-existing or congenital conditions, no elective or cosmetic procedures, not available for race horses)

\$10,000.00 limit per horse per year with a \$250.00 deductible per incident. The company will pay for 80% of reasonable and customary veterinary fees. The cost for this coverage is **\$150.00** per horse per year. The surgery must be performed at a school of veterinary medicine or at a surgical clinic and under general anesthesia. Reasonable and customary charges, including anesthesia necessitated by accident, injury or illness, for the area by a licensed veterinarian are covered. It also covers Miscellaneous Extras which is limited to 35% of the combined cost of the anesthesia and surgical treatment as described above. "Extras" include actual charges for hospitalization, X-rays, medication & laboratory tests.

Colic Endorsement (no pre-existing conditions are covered)

\$10,000.00 limit per horse per year with a \$250.00 deductible per incident. The company will pay for 80% of reasonable and customary veterinary fees. The cost for this coverage is **\$150.00** per horse per year. Gastric ulcer treatment prescribed by veterinarian as a follow-up to colic surgery will be covered for a maximum period of 60 treatment days.

\$7,500 Medical Assistance per horse per year with a \$500.00 deductible per incident. The company will pay for 80% reasonable and customary veterinarian fees. The cost for this coverage is **\$375.00** per horse per year. This coverage provides for medical treatment costs and is reimbursed for reasonable & customary fees. Surgery must be performed at a school of veterinary medicine or at a surgical clinic and under general anesthesia. All claims must be filed within 60 days of medical treatment. Gastric ulcer treatment will be paid for once the presence of ulcers has been confirmed by a gastric endoscopy, medication and related treatment not to exceed \$1500.00. Shockwave therapy and bisphosphate treatment will be paid for up to a maximum amount of \$750.00 per each separate, unrelated, non-reoccurring incident. Regenerative therapeutics, PRP, IRAP and stem cell therapy, will be paid for up to a maximum amount of \$1500.00 per each separate, unrelated, non-reoccurring incident.

Major Medical Endorsements (no pre-existing or congenital conditions, no elective or cosmetic procedures) Horse must be between the ages of 30 days old through and 15 years old to qualify without a vet exam. Not available for race horses. **Minimum value of the horse must be \$15,000.00**

-\$15,000.00 Major Medical per horse per year with a \$500.00 deductible per incident. The company will pay for 80% reasonable and customary veterinarian fees. The cost for this coverage is **\$675.00** per horse per year. This coverage provides for medical treatment costs and is reimbursed for reasonable & customary fees. Surgery must be performed at a school of veterinary medicine or at a surgical clinic and under general anesthesia. All claims must be filed within 60 days of medical treatment. Shockwave therapy procedures will be considered for coverage under this endorsement up to a maximum of \$1200 per horse for each separate, unrelated and non-reoccurring incident of injury, lameness, disease, illness or physical disability. Gastric Ulcer treatment that is diagnosed by endoscopy which confirms the presence of gastric ulcers will be paid for not to exceed \$2,500.00. Regenerative therapeutics, including but not limited to PRP, IRAP, stem cell therapy, will be paid for up to a maximum amount of \$3,000.00 for each separate, un-related, and non-recurring incident.

-\$10,000 Major Medical per horse per year with a \$500.00 deductible per incident. The company will pay for 80% of reasonable and customary veterinary fees. The cost for this coverage is **\$475.00** per horse per year. This coverage provides for medical treatment costs and is reimbursed for reasonable & customary fees. Surgery must be performed at a school of veterinary medicine or at a surgical clinic and under general anesthesia. All claims must be filed within 60 days of medical treatment. Shockwave therapy procedures will be considered for coverage under this endorsement up to a maximum of \$1200 per horse for each separate, unrelated and non-reoccurring incident of injury, lameness, disease, illness or physical disability. Gastric Ulcer treatment that is diagnosed by endoscopy which confirms the presence of gastric ulcers will be paid for not to exceed \$2,500.00. Regenerative therapeutics, including but not limited to PRP, IRAP, stem cell therapy, will be paid for up to a maximum amount of \$3,000.00 for each separate, un-related, and non-recurring incident.

Loss of Use Coverage (no pre-existing injuries or conditions are covered)

The horse must be in good health, with no injuries, sickness, disease or lameness issues past or present. To qualify for LOU the **minimum value of the horse must be at least \$25,000.00 and it must be under 12 year of age.** The use of the horse may be cutting, reining, reined cow horse, hunter/jumper or dressage. The rate is 4.50% of the mortality value listed on the policy. A vet exam is required. Payout method is as follows: 50% of insured value if you keep possession of the horse and 70% if you give possession of the horse to the company. Please be aware that the veterinarian **must** make a **written** statement that the horse is **PERMANENTLY** disabled. The veterinarian must be sure that the horse will never be able to perform at a level comparable or close to that level, it was working prior to the sickness, injury or disease that caused the disability.

Stallion Infertility Coverage - To qualify for this coverage, **the minimum value of the stallion must be \$25,000.00**

This coverage implies that the company will pay up to the value insured for full mortality or the current market value(which ever is less), if the stallion becomes totally and permanently infertile, impotent or incapable of servicing mares due to an accident, sickness, or disease. The problem that has caused the infertility must have

occurred and been reported to the claims department during the policy period. If the stallion is between 3 and 15 years old and his testicles are of normal size and consistency as confirmed by a veterinarian, by way of a vet exam, the horse can be eligible for this coverage. If a claim is paid the company will take full ownership of the stallion. The premium rate charged is **0.50%** of the stallions insured value.

Named and Optional Perils

This is a lesser coverage than what is provided by Full Mortality coverage. This covers the horse for death or humane destruction due to Fire, lightening, transportation accidents (within the continental USA and Canada) and theft of the horse, explosion, smoke, windstorm, riots, earthquake, volcanic eruption, and floods. Optional Perils can also be included and they include accidental shooting, accidental drowning, artificial electricity, attack by dogs or wild animals, and collapse of buildings. The rate for breeding & pleasure use animals is **0.75%** or for race & show animals **1.00%**.

APPLICATION PAGES

-Horse Mortality application and statement of condition: Our office must receive a copy (fully completed and signed) of this page to bind coverage. If items are not answered, it will delay binding. If a horse has been injured, sick or seen by a veterinarian for other than routine care, we will require additional forms. Please remember that if there are any unreported problems or conditions which you have not presented for the underwriters to review, those conditions or any related conditions are automatically excluded for all coverage. If you do provide information on these conditions, the company underwriters can decide if they will provide or limit coverage in advance of the policy issuance. Hiding the problems does not make them covered.

-Justification of Value: Complete if you are seeking a policy limit in excess of the purchase price of the horse.

-Vet Exam Form: Complete if :

1. Value is over \$100,000.00 for new business.
2. The horse has any health problems or injuries.
3. You seek Loss of Use Coverage or Stallion Infertility Coverage
4. You would like coverage for a foal under 3 months old. If the foal is under 30 days of age please provide us with the IGG level.

Please do not hesitate to contact the office with any questions or concerns you may have.

Applications, Justification of Value forms and Veterinarian exam forms can be accessed @ **www.shadleinsurance.biz**. Please give us a call if you would like forms mailed or faxed to you.

Thank you,

Jon & Elizabeth Shadle

shadle Insurance



(888) 821-7629

1921 Spring Street
Paso Robles, CA 93446
fax (805) 462-3275
www.shadleinsurance.biz

Name: _____
Address: _____
Phone: _____
e-mail: _____

desired effective date: _____
New business () Addition to current policy ()

- all policy documents will be delivered via e-mail

Name	breed	Year of birth	Sex	Use	Purchase Date	Purchase Price	Amount of Insurance
1							
2							
3							
4							
5							

- Is there any other insurance on any of the animals listed herein or have you ever been denied coverage or had coverage cancelled for any animal listed herein? Yes () No ()
- Has any animal listed been afflicted with any disease, sickness or received any injury in the past 36 months? Yes () No ()
- Is any animal listed used as a hunter, jumper, eventer, or for racing? Yes () No ()
- Has any animal listed ever had colic or gastro-intestinal disorders? Yes () No ()
- Have you had a death to a horse in your care in the last 3 years? Yes () No ()
- Are eyes, legs, and feet of each animal listed in normal condition? Yes () No ()

If you answered **yes** to any of the questions or **no** to # 6 please provide a detailed explanation below: _____

- Does pedigree have HYPP or HERDA linkage? ____ If tested, give results: HYPP _____ HERDA _____
- Do you understand that **IMMEDIATE** notice by telephone of any **illness, injury, sickness, disease or death** must be given or your claim may be denied and that an **autopsy is required** in every case of death at your expense, and do you agree to do so? _____ (write in response)
- Was the purchase price paid by cash, trade or both? _____

Desired coverage: (x) Full mortality & theft rate based on breed & use () Surgical \$150 a year () Colic \$150 a year
() \$15,000 Major Medical \$675 a year \$15,000 min value () \$10,000 Major Medical \$475 a year \$15,000 min value
() \$7,500 Medical Assistance \$375 a year no minimum value () Stud Infertility \$25,000 min. Value

Please Select a Payment Plan: () Full pay () Semi-annual () Quarterly () Monthly 20% down required
\$3.00 charge each time you are invoiced for payment plans other than full pay

Statement of Condition:

I declare to the best of my knowledge and belief the animal or animals listed on the above schedule to be in normal healthy condition. I further declare that during the past thirty six months the above listed animals have been free from any **illness, injury, disease or accident**. I understand and agree that this certificate shall be the basis of the insurance contract and if anything be falsely stated or information withheld to influence the company's decision the insurance contract will be null and void. **GENETIC OR PRE-EXISTING CONDITIONS MAY BE EXCLUDED FROM COVERAGE**

Ownership:

The animal or animals listed above are not financed, leased or owned by anyone other than the insured. With the exception of (detailed description of financing, lease or ownership): _____

Signature of Insured

Date Signed

Application will not be considered if not fully completed and signed by the insured.

Coverage provided through:

