SHADLE INSURANCE

1921 Spring Street
Paso Robles, CA 93446
(888) 821-7629
fax (805) 462-3275
lic # 0E35261 & 0G45377
www.shadleinsurance.biz

HORSE INSURANCE through American Reliable, an AM Best A rated company:

Mortality/Theft Coverage : *percentage of value based on your horse's age and use*
This policy covers the horse in the event of death, humane destruction or theft. We can insure the horse for the purchase price within the first year of ownership. We can increase your horse's value with time and money spent on training and show records/ winnings. You **must** have a Mortality/Theft policy in order to be eligible to receive any other optional coverage. All pre-existing and congenital conditions are **not** covered. Renewal policies will be offered through age 20, however the rates will increase each year on horses over the age of 15.

A vet exam is required for **all** horses over $150,000.00 in value for new business. We will accept values up $150,000.00 and horses aged 16 to 4 months old without a veterinary certificate as long as the horse has not been seen by a veterinarian for other then routine care. We can insure foals at 24 hours of age at a value up to three times the stud fee of the sire. If the foal is under 30 days of age we will need the results of the IGG test and White Blood Count if available. Horses free of pre-existing colic conditions automatically receive **$5000 worth of free colic surgery** coverage with their mortality coverage.

Major Medical Coverage: (we insure the horse for mortality/theft and can add major medical to it)
Available for horses valued at $15,000 or more

$7,500 Major Medical $525 per horse per policy year with a $425.00 deductible per incident.
$10,000 Major Medical $625 per horse per policy year with a $500.00 deductible per incident.
$10,000 major medical plus $725 per horse per year & is available for horses valued at $25,000 and higher.
$15,000.00 Major Medical $775 per horse per policy year with a $600.00 deductible per incident.
$15,000 major medical plus $975 per horse per year & is available for horses valued at $25,000 and higher.

This coverage helps pay medical diagnostic and treatment costs (vet bills) that you incur for your horse. Medical colic, surgical colic, lameness, illness, sickness, disease, etc. can be covered with Major Medical. All claims must be filed within 90 days of medical treatment. Please see the major medical coverage chart on the next page for specific coverage details.

Stallion Infertility Coverage - To qualify for this coverage, the stallion must breed at least 20 mares per year The company will pay the value insured for full mortality 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 takes full ownership of the stallion. The premium rate charged is 0.50% of the stallions insured value.

-Application: We must receive a copy (fully completed and signed) of this page. **If a horse has been injured, sick or seen by a veterinarian for other then routine care, please submit the discharge reports from those visits.** 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 provide information on these conditions we can discuss the limits on coverage in advance of the policy issuance. **Hiding the problems does not make them covered.**

-Justification of Value: Complete if you are seeking a mortality limit in excess of the purchase price of the horse. We can increase value for training (owner and outside), show record and winnings.

-Vet Exam Form: Complete if :

1. Value is over $150,000.00 for new business.
2. The horse has any health problems or injuries.
3. You would like coverage for a foal under 4 months old. If the foal is under 30 days of age please provide us with the IGG level and WBC count if available.
4. You would like coverage for a horse that is seventeen years or older (no new coverage for 18+)

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.

Once your policy is processed you will be mailed an invoice. We will also email you a copy. You can choose to pay in full, semiannually, quarterly or monthly.

Thank you,
Jon & Elizabeth Shadle

MAJOR MEDICAL PROGRAM

American Reliable Insurance Company
Agribusiness and Equine Mortality

COVERAGE HIGHLIGHTS	BASIC MAJOR MEDICAL	MAJOR MEDICAL PLUS
Age Eligibility	30 days to 20 years	1 year to 16 years
Value Eligibility	No value limitation and any limit of Major Medical coverage may be purchased subject to minimum premiums	$25,000 in value and over
Earned/Pro Rata	Pro Rata (unless claim paid)	Pro Rata (unless claim paid)
Length of Coverage	Policy period to annual expiration (90 day extension for covered conditions that occurred and were reported during policy period, subject to renewing the coverage on the horse) *Not available on short term policy periods*	Policy period to annual expiration (90 day extension for covered conditions that occurred and were reported during policy period, subject to renewing the coverage on the horse) *Not available on short term policy periods*
Limits Available	$7,500, $10,000 or $15,000	$10,000 or $15,000
Hospitalization	Not Limited	Not Limited
Diagnostics	$2,500 Sublimit/$4,000 Aggregate	50% of Major Medical Limit
Lameness Treatment	$2,500 Sublimit/$4,000 Aggregate	$2,500 Sublimit/$4,000 Aggregate
Shockwave, I-Wrap, Other	No restriction on treatments (subject to the $2,500 Sublimit)	No restriction on treatments (subject to the $2,500 Sublimit)
Bone Chip Surgery	Coverage Provided	Coverage Provided
Gastric Ulcers	$2,500 Sublimit provided the gastric ulcer is confirmed by gastroscopy prior to treatment	$2,500 Sublimit provided the gastric ulcer is confirmed by gastroscopy prior to treatment
Navicular, Arthritis, Degenerative Joint Disease	Coverage provided as long as onset occurs during the policy period	Coverage provided as long as onset occurs during the policy period
Dental Coverage	Accident, illness and/or injury	Accident, illness and/or injury
Claims Notification Period	90 days	90 days

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American Reliable Insurance Company®
Equine Mortality

Name:_____ desired effective date:_____
Address:_____ New business ( ) Addition to current policy ( )
_____ #_____
Phone:_____
e-mail:_____ - all policy documents will be delivered via e-mail

Name	breed	Year of birth	Sex	Use	Date of purchase	How much did you pay at purchase	Amount of insurance (insured value)
1							
2							
3							
4							
5							

1. 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 ( )
2. Has any animal listed been afflicted with any **lameness, disease, sickness,surgery, or received any injury** ? Yes ( ) No ( )
3. Have any of these animals had any type of **injections** (other than immunizations)? Yes ( ) No ( )
4. Has any animal listed ever had **colic** or **gastro-intestinal** disorders? Yes ( ) No ( )
5. Have you had a death to a horse in your care in the last 3 years? Yes ( ) No ( )
6. 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:_____

7. Does pedigree have HYPP or HERDA linkage? ____ If tested, give results: HYPP_____HERDA _____
8. Do you understand that **IMMEDIATE** notice by telephone of any **lameness**,**illness, injury, sickness, disease or death** must be given or your claim may be denied and that an **necropsy is required** in every case of death at your expense, and do you agree to do so?_____ (write in response) If they see the vet let us know so we can help!
9. Was the purchase price paid by cash, trade or both?_____

Desired coverage:(x)Full mortality & theft (insured value)
( ) $15,000 Major Medical ( ) $10,000 Major Medical ( )$7,500 Major Medical Available for horses valued at $15,000 or more
( ) $15,000 Major Medical Plus ( ) $10,000 Major Medical Plus Plus Coverage available for horses valued at $25,000 or more

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 the above listed animals have been free from any **lameness**, **illness, injury, disease or accident**. I understand and agree that this certificate shall be the basis of the insurance contract and if anything is falsely stated or information withheld to influence the company's decision the insurance contract will be null and void.

I UNDERTAND THAT GENETIC OR PRE-EXISTING CONDITIONS WILL BE EXCLUDED FROM COVERAGE _____ (PLEASE INTITIAL)

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.