

# UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 1208 Massillon Rd. Suite G 200, Akron, OH, 44306

## Companion Horse Accident and Colic Coverage

### INSURING AGREEMENT

United States Fire Insurance Company ("We" or "Us") will provide the insurance described in this policy in exchange for payment of premium by the policyholder ("You") when due. Coverage is subject to the terms and conditions described in this policy. Only an endorsement that **we** issue can change or waive the contract terms in this policy. Certain terms are defined in this policy. These terms are in bold typeface, and their meanings are listed in the DEFINITIONS section.

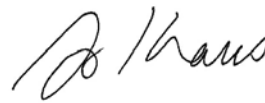
The policy is governed by the laws of the state in which it was delivered. If **you** intentionally misrepresent or conceal any material fact, **we** may deny any related claim. **We** may also cancel, invalidate or rescind coverage. The policy will lapse if **you** do not pay **your** premium when due. **You** are financially responsible to **your veterinarian** for services provided. This policy reimburses **you** for **covered expenses** as described.

**United States Fire Insurance Company and the policyholder have agreed to all terms and conditions of this policy.**

Signed for **United States Fire Insurance Company** By:



Marc J. Adee  
Chairman and CEO



James Kraus  
Secretary

### TABLE OF CONTENTS

<b>DEFINITIONS</b> .....	2	<b>CLAIMS</b> .....	6
<b>WAITING PERIODS</b> .....	4	Submit a Claim	
<b>WHAT IS COVERED</b> .....	4	Other Claim Procedures	
Accident Benefits		Our Rights	
Colic Benefits		<b>RESOLVE A DISPUTE</b> .....	7
Microchip Implantation		<b>RENEWAL</b> .....	7
<b>WHAT IS NOT COVERED</b> .....	5	<b>POLICY CANCELLATION</b> .....	7
Pre-Existing Conditions		Money Back Guarantee	
Policy Exclusions		When You Cancel	
<b>DEDUCTIBLE AND REIMBURSEMENT</b>		When We Cancel	
<b>PERCENTAGE</b> .....	6	<b>GENERAL CONDITIONS</b> .....	8
Deductible Amount		<b>ENDORSEMENTS</b> .....	
Reimbursement Percentage			

## DEFINITIONS

<b>Accident</b>	A sudden, unexpected or unintended action or event with a specific time and place that results in <b>injury to your horse</b> .
<b>Actual Cost</b>	The standard fees/cost that the treating <b>veterinarian</b> would charge, regardless of whether that customer has insurance coverage.
<b>Alternative Therapy</b>	The following types of therapy or <b>Treatment</b> : acupuncture, chiropractic, holistic, homeopathic, hydrotherapy, hyperbaric chamber, laser, magnetic, massage, performance-enhancing, physiotherapy, rehabilitative, shock wave, treadmill and/or whirlpool.
<b>Annual Limit</b>	Maximum amount payable each <b>policy period</b> for the type of coverage specified on the declarations page.
<b>Behavioral Problem</b>	A <b>condition</b> , either social or medical, that results from <b>your horse's</b> action, inaction, or temperament that is abnormal, dysfunctional, or unusual, such as but not limited to cribbing, pawing, aggression, excessive chewing or licking, or separation anxiety.
<b>Behavioral Therapy</b>	Prescription medication, <b>treatment</b> , training, or behavioral modification training aide(s) that is used to treat a <b>behavioral problem</b> .
<b>Condition</b>	<b>Colic, illness, disease, injury</b> or change to <b>your horse's</b> health that may or may not show symptoms or have been diagnosed (including but not limited to diagnosed or undiagnosed <b>pre-existing conditions</b> ).
<b>Colic</b>	Acute abdominal pain that can be classified into the following groups: intestinal dysfunction such as impaction or spasm; intestinal inflammation such as infection or gastric/colonic ulceration; intestinal accidents such as twisting or entrapment.
<b>Covered Expenses</b>	Expenses that are eligible for coverage under <b>your</b> policy.
<b>Cured</b>	The point at which a <b>horse</b> is free from a <b>condition</b> with no further <b>symptoms</b> or <b>treatment</b> .
<b>Effective Date</b>	The date <b>your</b> policy takes effect as identified on <b>your</b> declarations page.
<b>Horse</b>	Domestic <b>horse</b> , pony or miniature <b>horse</b> described on the declarations page that <b>you</b> own.
<b>Illness</b>	Any sickness, disease, or medical <b>condition</b> not caused by <b>colic</b> , an <b>accident, injury</b> or <b>behavioral problem</b> .
<b>Injury</b>	Bodily harm caused by an <b>accident</b> while this policy is in force.
<b>Ligament and Tendon Conditions</b>	Inferior check ligament, Suspensory ligament, Deep digital flexor tendon and Superficial digital flexor tendon damage.

<b>Occur or Occurance</b>	When signs or <b>symptoms</b> related to a <b>condition</b> first were observed by any individual or recorded in <b>your horse's</b> medical record.
<b>Policy Period</b>	One year as specified on the declarations page.
<b>Pre-Existing Condition</b>	<b>Colic, illness, disease, injury,</b> or change to <b>your horse's</b> health that first <b>occurs</b> or shows <b>symptoms</b> before coverage is effective or during a <b>waiting period</b> . This includes <b>conditions</b> that are related to, secondary, or resultant from a <b>pre-existing condition</b> . A <b>condition</b> may no longer be considered <b>pre-existing</b> if <b>your horse's</b> condition has been <b>cured</b> and free from <b>treatment</b> and <b>symptoms</b> for a period of 180 days.
<b>Preventive Care</b>	<b>Treatment</b> or diagnostics that are customarily considered preventive in nature where there is no underlying <b>illness</b> or <b>injury</b> .
<b>Renew or Renewal</b>	Date at the end of each 12-month <b>policy period</b> on which <b>your</b> existing policy expires and a new policy is issued. Coverage and rates are subject to change at <b>renewal</b> .
<b>Regenerative Therapy</b>	Interleuken Receptor Antagonist Protein (IRAP), Platelet Rich Plasma (PRP) and/or stem cell therapy or <b>Treatment</b> .
<b>Symptom</b>	Any change in <b>your horse's</b> state of health, normal function, behavior or appearance.
<b>Treatment</b>	Care that <b>your veterinarian</b> administers. This includes but is not limited to anesthesia, consultations, examinations, hospitalization, laboratory tests, nursing, MRI or CT scans, surgery and X-rays.
<b>Veterinarian</b>	Licensed <b>veterinarian</b> , veterinary technician or veterinary assistant under the <b>veterinarian's</b> supervision.
<b>Veterinary</b>	Directly related to professional care that a <b>veterinarian</b> provides.
<b>We, Us and Our</b>	Underwriting insurance company, United States Fire Insurance Company.
<b>You, Your, Yours</b>	Person or persons named on the declarations page.

## WAITING PERIODS

There is a 14 day waiting period for diagnosis, **treatment** or surgery related to **ligament and tendon conditions**. There is a 14 day waiting period for diagnosis, **treatment** or surgery related to **colic**. The waiting period begins on the first **effective date** of the applicable coverage.

Any **condition** that occurs during an applicable waiting period will not be eligible for coverage unless 180 days have passed since **your horse's condition** was **cured** and free from **treatment** and **symptoms**.

## WHAT IS COVERED

We will reimburse **you** the **actual costs** for **covered expenses** that **you** incur during the **policy period**, after subtracting **your deductible** and applying the **reimbursement percentage**, listed on the declarations page. Reimbursement of **covered expenses** is subject to the **annual limit** noted on **your** declarations page and any other applicable coverage limitations and exclusions.

### Accident Benefits

**Your** policy reimburses **actual costs** for **covered expenses** related to the diagnosis and **treatment** of **injuries** resulting from an **accident**. Eligible **accident** expenses are:

- a. Euthanasia for humane reasons
- b. Intravenous (IV) fluids and medications
- c. Medical supplies (such as but not limited to bandages, casts and splints)
- d. Poison control consultation fees
- e. Prescription medications prescribed by a **veterinarian** and that the Food and Drug Administration (FDA) has approved
- f. Regenerative Therapy**
- g. Tooth extractions
- h. Treatment**

### Colic Benefits

**Your** policy also reimburses **covered expenses** related to the diagnosis and **treatment** of **colic**. Eligible **colic** expenses are:

- a. Expenses listed above under **accident** benefits when used to diagnose or **treat colic**.

### Microchip Implantation

**Your** policy covers microchip implantation by a **veterinarian**; not any associated fees for registration, monitoring or renewal.

## WHAT IS NOT COVERED

Unless covered by an endorsement as listed on the declarations page, **we** will not pay for any costs associated with or resulting from any of the following exclusions:

### Exclusions

**We** will not pay for expenses related to any illness.

**We** will not pay for costs associated with or resulting from the following:

- a. **Alternative Therapy**
- b. **Behavioral Therapy**
- c. Boarding
- d. Breeding, pregnancy or foaling
- e. Burial, cremation, disposal or necropsy
- f. Cosmetic and elective prostheses or procedures (including but not limited to castration, Caslick's procedure, neurectomy, and tail docking or blocking)
- g. Experimental or investigational **treatment** or medication (including clinical trials) that is not generally accepted in the **veterinary** medical community as effective or proven
- h. Dental cleaning or floating unless used to treat a covered **illness** or **accident** or covered by an applicable endorsement; aesthetic, cosmetic, endodontic, or orthodontic dental services
- i. Farm call fees, time and travel expenses to and from the **veterinarian's** premises or hospital
- j. Food, vitamins, supplements (herbal, nutritional, joint, or other) and weight loss medication, including those that a veterinarian prescribes or as administered while **your horse** is hospitalized
- k. Grooming or grooming supplies (including but not limited to sheath cleanings, non-prescription shampoos or fly spray).
- l. Hoof trimming, shoeing or supplies
- m. **Illness or injury** that results from illegal, unethical, intentional, malicious, or grossly negligent activities or from failure to perform actions commonly accepted as responsible **horse** care by **you**, a member of **your** household or a caregiver for **your horse**.
- n. Intra-articular, intramuscular and/or intravenous joint injections, synovial fluid stimulators and/or replacers including corticosteroids, and/or anabolic steroids.
- o. Non-medical supplies such as but not limited to toys, training devices, grazing muzzles and cribbing collars
- p. Non-**Veterinary** services (including but not limited to administrative fees, medical records expenses, medical waste, postage and tax)
- q. **Pre-existing Conditions** that occurred on or before the **effective date** of the policy or during a waiting period
- r. **Preventive Care** without an **occurrence** (including but not limited to deworming, general health diagnostics, laboratory procedures, medications, physical examinations and surgery)
- s. **Veterinary** expenses related to racing or race training.

## DEDUCTIBLE AND REIMBURSEMENT PERCENTAGE

### Deductible Amount

**Your** annual deductible amount is listed on the declaration page and applies during each **policy period**. **We** subtract **your** deductible from **covered expenses** before applying the reimbursement percentage.

### Reimbursement Percentage

After the deductible is met, **we** will reimburse a percentage of **covered expenses** identified on the declarations page as reimbursement percentage, subject to any applicable maximum. **You** are responsible for the remainder of **covered expenses** in addition to any amounts not covered by the policy.

## CLAIMS

### Submit a Claim

So **we** can process **your** claim as quickly as possible, include the following information with **your** claim:

- **your** name, address, contact information, and signature on the claim form;
- a description of the **condition** and **treatment** for which **you** are claiming; and
- all applicable receipts including an itemized breakdown of the fees incurred.

Failure to provide complete information may result in:

- denial of **your** claim; and
- **your** having to submit a new claim with all required details.

Claim forms are available online or **you** may request one.

To make a claim, **you** or an authorized representative from **your veterinarian's** office fills in the claim form. Forward the form with itemized invoices for the costs involved.

**You** must submit **your** claim within 270 days from the date of service.

### Other Claim Procedures

When **you** submit a claim, **you** authorize **us** to access all medical information that **we** need to assess **your horse's** health. For example, **we** may ask **you** for the name and contact information of any **veterinarian** that has ever seen or treated **your horse**. **You** must also provide proof of identity for **your horse** when **we** request.

If **you** choose, **your veterinarian** can submit a claim on **your** behalf. If **you** so indicate on **your** claim form, **we** can pay the **veterinarian** directly.

Payment of one claim does not guarantee that **we** will pay additional claims.

### Our Rights

If **we** pay a claim contrary to this policy's terms and conditions, that payment does not waive **our** rights to apply those terms and conditions to any paid or any future claim. **We** also have the right to recover from **you** any claim amount incorrectly paid. If you fail to pay premium when due, **we** reserve the right to apply any claim reimbursement amount against the premium due.

## RESOLVE A DISPUTE

If **you** want to dispute a settled claim or other action, follow the steps below.

**Step One** - Read this policy carefully.

**Step Two** - To discuss **your** question or dispute, contact the Customer Satisfaction Department during regular business hours.

**Step Three** - If **your** question or dispute is not resolved in steps one or two, **you** must submit an appeal request in writing. In **your** written appeal request, please include:

- the reason for **your** dispute
- claim numbers, medical records and supporting documentation if **your** dispute involves a claim
- other pertinent information that supports **your** position

**You** will receive a written decision from the Appeals Resolution Team within 30 days from the date **we** receive all information necessary to investigate and review **your** appeal.

A second appeal will be considered if it is submitted with and supported by additional **veterinary** documentation not previously reviewed.

## RENEWAL

Unless **you** notify **us** that **you** want to cancel or **we** advise that **your** policy will not be renewed, **we** will automatically issue **you** a new policy at the end of each 12-month **policy period**. Coverage and rates are subject to change at **renewal**. **Your renewal** declarations page will specify the coverage and rates that apply.

**We** may decide to not renew **your** coverage at the end of any **policy period**. In this case, at least 60 days before **your** coverage ends, **we** will mail written notice to **you** at **your** address as shown on the declarations page.

## POLICY CANCELLATION

### Money Back Guarantee

If **you** provide notice, in accordance with the *When You Cancel* provision below, that **you** wish to cancel within the first 30 days from each **policy period effective date**, **we** will refund the premium paid if no **covered expenses** have been applied to **your** deductible or reimbursed.

If **you** submitted a claim during this time period, **we** will refund any premium in accordance with the *When You Cancel* section below.

### When You Cancel

**You** must contact **us** via email, telephone or in writing to advise **us** of the future date when this policy is to cancel. **You** can send written notification by email, fax or by mail.

**We** will refund any premium that **you** have already paid for any period after **your** last date of coverage.

### When We Cancel

If **you** fail to pay **your** premium, **we** may cancel **your** coverage at any time. A notice will be sent to **you** providing at least 10 days' notice of **our** intent to cancel or such other time as required by the state of **your** primary address.

**We** may also cancel **your** coverage by giving **you** at least 30 days notice for any of the following reasons.

- You** commit fraud or material misrepresentation when **you** obtain insurance or pursue a claim.
- You** perform a willful or reckless act or omission that substantially increases the probability or severity of a covered loss.

- c. There is a material change that substantially increases the probability or severity of a covered loss.
- d. **Our** continuing coverage risks placing **us** in violation of state insurance laws.
- e. There is a material change that results in our inability to continue to provide coverage, such as **you** moving into a state where the policy is not available.

If **you** misrepresented or concealed any material fact that would have affected **our** decision to provide coverage, **we** may cancel, invalidate or rescind **your** coverage. If so, a notice will be sent advising **you** of **our** decision.

Coverage is cancelled, invalidated or rescinded as of the **effective date** that **we** specify. This may include rescission backdated to the original **policy period effective date**.

## GENERAL CONDITIONS

**Action Against Us** - To take any legal action against **us** under this contract, **you** must have complied with all terms and conditions of this policy, including procedures set forth in the *Claims* section and *Resolution of Disputes* section. **You** have 24 months from the claim settlement date to proceed with an action unless state law requires a longer period.

**Address Change** - It is **your** responsibility to notify **us** of any change in address. A change in **your** primary address may result in a change to coverage availability and rates.

**Change of Ownership** - If **we** approve, **your horse's** coverage may be transferred when **you** transfer **horse** ownership by agreement or law.

**Conformity to State Statutes** - When any provision in this policy conflicts with the statutes of the state in which this policy is issued, that provision is amended to conform to such statutes.

**Dual Coverage With Us** - **We** will not insure **your horse** under more than one **horse** insurance policy during any **policy period**. If **we** find an insured has more than one such policy, coverage will be provided under the plan that has been in force for the longer period of time. **We** will refund premium paid for all other policies for concurrent periods of coverage.

**Excess Insurance or Protection Limitation** - This policy is excess of all other valid and collectible insurance and/or protection. If at the time of **treatment**, there is other valid and collectible insurance and/or protection in place, **we** shall only be liable for the excess of the amount of **treatment** not covered by the other insurance and/or protection, and otherwise eligible under this policy.

**Installment Payment** - If **you** elect to pay **your** premium in monthly, quarterly or semi-annual installments, **we** will charge **you** the non-refundable installment fee listed on the declarations page. This fee is waived if **you** pay annually.

**More than One Policyholder** - If there is more than one policyholder, any policyholder may cancel or change this policy. Such action is binding on all policyholders.

**Policy Changes** - If **you** wish to make changes to **your** coverage, please contact **us**. Any change is subject to underwriting and **our** approval. Certain changes may result in a new enrollment, which would terminate **your** existing policy and will not be considered continuous coverage. A new enrollment will result in new waiting periods. Additionally, **conditions** that **occur** prior to this new enrollment will be considered **pre-existing**.

**Promotional Items** - From time to time, **we** may offer promotional items to show customer appreciation. Examples of such items are discounts, gift cards, related services and merchandise. The value of the promotional item will not be more than allowed by the state of **your** primary address.

**Territory** - To be eligible under this policy, **covered expenses** must be incurred during the **policy period** within the United States, its territories (such as Guam, Puerto Rico, and the U.S. Virgin Islands) and Canada.