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

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DEFINITIONS

**Accident**
A sudden, unexpected or unintended action or event with a specific time and place that results in injury to your horse.

**Actual Cost**
The standard fees/cost that the treating veterinarian would charge, regardless of whether that customer has insurance coverage.

**Alternative Therapy**
The following types of therapy or treatment: acupuncture, chiropractic, holistic, homeopathic, hydrotherapy, hyperbaric chamber, laser, magnetic, massage, performance-enhancing, physiotherapy, rehabilitative, shock wave, treadmill and/or whirlpool.

**Annual Limit**
Maximum amount payable each policy period for the type of coverage specified on the declarations page.

**Behavioral Problem**
A condition, either social or medical, that results from your horse's 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.

**Behavioral Therapy**
Prescription medication, treatment, training, or behavioral modification training aide(s) that is used to treat a behavioral problem.

**Condition**
Colic, illness, disease, injury or change to your horse's health that may or may not show symptoms or have been diagnosed (including but not limited to diagnosed or undiagnosed pre-existing conditions).

**Colic**
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.

**Covered Expenses**
Expenses that are eligible for coverage under your policy.

**Cured**
The point at which a horse is free from a condition with no further symptoms or treatment.

**Effective Date**
The date your policy takes effect as identified on your declarations page.

**Horse**
Domestic horse, pony or miniature horse described on the declarations page that you own.

**Illness**
Any sickness, disease, or medical condition not caused by colic, an accident, injury or behavioral problem.

**Injury**
Bodily harm caused by an accident while this policy is in force.

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

There is a 14 day waiting period for: diagnosis, treatment or surgery related to accidents, colic, and ligament and tendon conditions. The waiting period begins on the first effective date of the applicable coverage. Any condition that occurs during an applicable waiting period is a pre-existing condition.

CURED CONDITION ELIGIBILITY

If your horse's pre-existing condition is curable and has been cured and free from treatment and symptoms for a period of 180 days it is a new occurrence.

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 all 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. Tooth extractions
g. 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. Arthritis, navicular disease or degenerative joint disease.

c. Behavioral Therapy.

d. Boarding.

e. Breeding, pregnancy or foaling.

f. Burial, cremation, disposal or necropsy.

g. Cosmetic, elective, voluntary or maintenance related prosthesis, procedure or treatment including but not limited to bone chip or cyst surgery, castration, Caslick's procedure, neurectomy, periosteal elevation, tail docking or blocking and wind infirmity procedures such as tie-back, hobday or laryngoplasty.

h. Experimental or investigational treatment or medication (including clinical trials) that is not generally accepted in the veterinary medical community as effective or proven.

i. 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.

j. Farm call fees, time and travel expenses to and from the veterinarian's premises or hospital.

k. 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.

l. Grooming or grooming supplies (including but not limited to sheath cleanings, non-prescription shampoos or fly spray).

m. Hoof trimming, shoeing or supplies.

n. 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.

o. Joint injections and joint related medication whether administered via intra-articular, intramuscular, intravenous or oral means, including but not limited to polysulfated glycosaminoglycans, hyaluronic acid, nonsteroidal anti-inflammatory drugs, synovial fluid stimulators and/or replacers, corticosteroids, and/or anabolic steroids.

p. Non-medical supplies such as but not limited to toys, training devices, grazing muzzles and cribbing collars

q. Non-Veterinary services (including but not limited to administrative fees, medical records expenses, medical waste, postage and tax)

r. Organ Transplants.

s. Pre-existing Conditions that occurred on or before the first effective date of the applicable coverage or during a waiting period.

t. Preventive Care without an occurrence (including but not limited to deworming, general health diagnostics, laboratory procedures, medications, physical examinations and surgery)

u. Regenerative Therapy.

v. Treatment when the veterinarian conducting or supervising is you or a co-owner on your account.
**DEDUCTIBLE AND REIMBURSEMENT PERCENTAGE**

**Deductible Amount**

Your annual deductible amount is listed on the declarations 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.
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.

a. You commit fraud or material misrepresentation when you obtain insurance or pursue a claim.

b. 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.