

**LIFE SAVING SURGICAL FEES EXTENSION ENDORSEMENT
(For attachment to L.E. Mortality Forms)**

Wherever words appear in bold (other than headings), they will have the meanings shown in the “Definitions” sections of the insurance this endorsement is attached to, or as shown below.

For the purpose of this Endorsement **Deductible** will mean:

a monetary amount to be borne by **you** in the event of a loss or losses covered by this Insurance before any claim will be payable.

What is Covered

This Endorsement is subject to all of the terms, conditions and coverages of the insurance to which this Endorsement is attached and is subject to the additional important conditions below. In consideration of an additional premium charged as stated in the **schedule** per **horse**, this insurance is extended to reimburse **you** up to the limit stated in the **schedule** for necessary, reasonable and customary veterinary fees incurred during the **period of insurance** specifically for:

a) surgical procedures to save the life of the **horse**, and

b) after-care while the **horse** is kept at the a recognised Equine Surgical Facility where the surgical procedure was performed, but limited to no more than 15 (fifteen) days from the time of the first surgical procedure after diagnosis of the condition

but not exceeding, for a) and b) combined, XXXXX per **horse** (or appropriate proportion if less than 100% ownership interest insured under this policy) in total during the **period of insurance**.

Additional Important Conditions

1. the veterinary fees referred to above are the direct result of an accident, or an illness or disease requiring life-saving surgery, first occurring and first manifesting itself during the **period of insurance**
2. **You** must without delay and in any event before the expiration of this insurance notify **us** of such accident, illness or disease and surgery.
3. For the purpose of this Endorsement only, **you** must within thirty (30) days after the completion of the surgery, provide **us** with:
 - a) A correctly completed claim(s) form.
 - b) A report signed by the **veterinary surgeon**, describing the surgery performed and the nature of the **horse**'s condition.
 - c) Copies of all invoices relating to the claim.

Failure to comply with the above additional important conditions and the important conditions in the insurance to which this Endorsement is attached could result in **your** claim not being paid, or **your** insurance becoming invalid.

What is not covered

This Endorsement does not cover:

- a) any surgery not performed by a **veterinary surgeon** in a recognised Equine Surgical Facility.
- b) Conditions existing, diagnosed or treated prior to the commencement of coverage under this insurance.
- c) Any examination, medical treatment or medication unless it is given in conjunction with the covered surgical procedure being claimed for.
- d) Surgery not performed under general anaesthesia.
- e) Any elective or voluntary surgical procedure.

- f) POST-MORTEM procedures or associated fees.
- g) Cost of transporting the **horse**.
- h) Euthanasia of the **horse**.
- i) The disposal of the carcass.

DEDUCTIBLE

We will not pay the first CHF 250 of each and every claim.