

**VETERINARY 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**.

**Additional Important Conditions**

1. the veterinary fees referred to above are the direct result of an accident, or an illness or disease 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.
3. **We** will only make a payment if the veterinary fees agreed by both **your veterinary surgeon** and **our veterinary surgeon** have arisen within twelve (12) months from the date of first occurrence of such accident, illness or disease.
4. For the purpose of this Endorsement only, **you** must within sixty (60) days after the completion of the veterinary treatment, provide **us** with:
  - a) A correctly completed claim(s) form.
  - b) A report signed by the **veterinary surgeon**, describing the nature of the **horse’s** accident, illness or disease and the procedures performed (showing consultation, drug, mileage and the like).
  - 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.

**Additional Conditions**

1. If the veterinary fees incurred are higher than the fees usually charged by a general or referral practice, **we** reserve the right to request a second opinion from **our veterinary surgeon** and have the right to pay only the veterinary fees usually charged by a general or referral practice in a similar area.
2. If the veterinary treatment or alternative medicine or alternative treatment that the **horse** receives is not required or may be excessive when compared with the treatment that is normally recommended to treat the same illness or injury by general or referral practices, **we** reserve the right to request a second opinion from **our veterinary surgeon** and have the right to pay only the cost of the veterinary treatment or alternative medicine or alternative treatment that was necessary to treat the injury or illness, as advised by **our veterinary surgeon**.

## What is not covered

This Endorsement does not cover:

1.
  - a) Veterinary treatment unless performed by a **veterinary surgeon**.
  - b) Livery except medically necessary and up to a limit of CHF 50.00 per night for a maximum of 5 consecutive nights.
  - c) Cost of transporting the **horse**.
  - d) Post Mortem fees or cost.
  - e) Euthanasia of the **horse**.
  - f) The disposal of the carcass.
  - g) Non-medical charges including but not limited to post and packaging, completion of claim(s) form(s) and reports.
  - h) Behavioural problems unless established and certified by **your veterinary surgeon** to have been caused by the direct result of an accident, or an illness or disease first occurring and first manifesting during the **period of insurance**.
  - i) Vices.
  - j) Wolf Teeth, routine dentistry and congenital malocclusions.
  - k) Routine costs for pregnancy and/or foaling.
  - l) The cost of treatment that is not veterinary treatment that could be carried out by **you**, unless **your veterinary surgeon** confirms that a **veterinary surgeon** must carry this out regardless of **your** personal circumstances. This includes the use of horse walkers and other aids.
  - m) Diagnostic fees or treatment costs directly or indirectly related to or associated with poor performance, unless established and certified by **our veterinary surgeon** to have been caused by an accident, or an illness or disease first occurring and first manifesting itself during the **period of insurance**.
  - n) Any costs of farriery.
3. Referrals carried out as a second opinion, or referrals to a specialist veterinary centre or hospital, unless it has been recommended by **your veterinary surgeon** and a veterinary report to this effect is submitted prior to such second opinion or referral to a specialist veterinary centre or hospital occurring, or in the case of urgent referral in an emergency attempt to save the **horse's** life advice must be given to **your broker** as soon as possible.
4. Any claim other than those arising from an accident, external injury only arising within 14 (fourteen) days of inception, or within 14 (fourteen) days of the date of the **horse** being added to the insurance to which this Endorsement is attached.
5. Any lameness claim directly or indirectly related to or associated with navicular disease, arthritis or degenerative joint disease arising within ninety (90) days of the date of the **horse** being added to the insurance to which this Endorsement is attached.
6. Fees for alternative medicine and treatment, including but not limited to osteopathy, physiotherapy, acupuncture, hydrotherapy and the like, unless authorised by us and our advising veterinary surgeon in writing prior to the commencement of treatment.

## DEDUCTIBLE

We will not pay the **deductible** of CHF 500 or 15% (fifteen per cent) of the total of each and every claim, whichever is the greater.

In addition to and after the application of the **deductible** specified above, **we** will not pay 50% (fifty per cent) of the costs for MRI and Scintigraphy.