SUPPLEMENTAL INFORMATION RELATING TO SUBSTANTIATION OF INSURANCE VALUE REQUESTED

BREEDING STALLION INFORMATION

<table>
<thead>
<tr>
<th>Current Stud Fee</th>
<th># of Mares Booked</th>
<th>Date Last Bred</th>
<th>Total # of Foals</th>
<th>Sale Price of Foals Sold</th>
<th>Current Price &amp; Stud Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
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<tr>
<td>B</td>
<td></td>
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BROODMARE INFORMATION

SHOW HORSE INFO

PLEASE PROVIDE INFORMATION ON SEPARATE SHEET OF PAPER

$ Earned, titles, standings, All other accomplishments.

VETERINARY CERTIFICATE OF EXAMINATION FOR MORTALITY INSURANCE

Horses being examined for insurance should be moved about outside the stall to demonstrate soundness of limb and freedom of movement. Careful observation and inquiry should be made as to housing conditions and the presence of contagious disease. This certificate should be completed by the examining Veterinarian to the best of his/her ability as a licensed Veterinarian. The completed certificate should be forwarded to the insurance agent without delay.

IMPORTANT

ANY HORSE THAT HAS BEEN NERVED AT OR ABOVE THE FELTLOCK IS NOT INSURABLE

I __________________________ D.V.M. do hereby certify that I am a graduate veterinarian holding a current license as such to practice in the State of ______________________ and that I have examined this day, the following listed animal(s):

A __________________________ B __________________________

Yes No

Pulse and respiration normal? ___ ___ History or evidence of bleeder? ___ ___ If mare, is she reported in foal? ___ ___

Temperature normal? ___ ___ History or evidence of nerving? ___ ___ If male, are both testicles evident? ___ ___

Eyes auscultated? ___ ___ Has horse been castrated? ___ ___ Any evidence of laminitis? ___ ___

Heart auscultated? ___ ___ Has any surgery been preformed? ___ ___ __________________________________________________________________________

Any evidence of faulty conformation or other abnormal conditions? ___ ___ Any Vicious or objectionable habits? ___ ___

If surgery has been performed, describe procedure, state of recovery and likelihood of future problems resulting from surgery

Is animal subject to or has previous history of intestinal attacks? (colic)? ☐ Yes ☐ No __________________________________________________________________________

Any lamensee of faulty conformation or other abnormal conditions? ☐ Yes ☐ No __________________________________________________________________________

IGg test results on foals under 91 days old. Results:

Coggins Test required to provide swamp fever coverage: Date _____________ Results __________________________________________________________________________

__
In your opinion or to your knowledge, are there any medical facts that should be brought to the attention of the company or any reason why the animal should not insured?

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<tr>
<th>Additional Comments:</th>
<th>Signature of Veterinarian:</th>
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<tbody>
<tr>
<td></td>
<td>D.V.M.</td>
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<th>Address:</th>
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<tr>
<th>Office Phone #:</th>
<th>Date &amp; Time:</th>
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**Veterinary certificates are not acceptable unless completed within 15 days prior to being received by agent.**