

EQUINE PREGNANCY INSURANCE CONTRACT

This Equine Pregnancy Insurance Contract ("Contract") is entered into by and between:

1. Parties Involved

Insured Party:

Name of the Owner of Embryo:

Address:

Contact Information:

("the Insured")

Insurer:

Hans Smet ETC

("the Insurer")

2. Subject of Insurance

- **Type of Coverage:**
Insurance coverage for equine pregnancy in embryo recipient mare owned by ETC Hans Smet commencing from **Day 45** until **Day 315** of gestation, counting from the day of **embryo transfer**.
 - **Details of the Embryo/Pregnancy:**
The pregnancy is carried by the **recipient mare mentioned in the attached leasing contract**, and the embryo was transferred under supervision of the Insurer.
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3. Coverage Period

This Contract provides coverage for the insured pregnancy starting at **Day 45** post-embryo transfer and terminating at **Day 315** of the same pregnancy.

4. Insured Value

In the event of:

- Pregnancy loss (including miscarriage, abortion, stillbirth, or resorption, or pregnancy loss as a consequence of death of the recipient mare)

The Insurer, Hans Smet ETC, will provide **one (1) recipient mare free of charge** for embryo transfer in the **calendar year following the embryo transfer** that is the subject of this Contract.

- The embryo transfer will be carried out exclusively at the facilities of ETC Hans Smet and performed by ETC Hans Smet personnel **within the year following the start of the lost pregnancy**.
 - An **unlimited number** of embryo transfers can be performed in recipient mares provided by Hans Smet ETC until a pregnancy reaches **Day 45 of gestation**.
 - Once a pregnancy reaches **Day 45**, the obligation of the Insurer is considered fulfilled.
 - Any **additional** pregnant recipient mares established in the same season are subject to charges as outlined in the Insurer's **standard recipient mare contract**.
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5. Coverage Terms and Conditions

Covered Events:

- Miscarriage, abortion, stillbirth, reabsorption.
- Death of the embryo/pregnancy due to illness, accident, or natural causes during the coverage period.

Exclusions:

- Failure to vaccinate :
 - Equine influenza (once a year)
 - Tetanos (once a year)
 - Equine Herpes Virus (rhinopneumonitis) at 5, 7 and 9 months pregnancy (is mandatory in case of insurance policy)
 - Twin pregnancy as a result of splitting of the embryo in utero
 - Improper or negligent veterinary care.
 - Fraudulent activities or misrepresentations.
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6. Obligations of the Insured

The Insured shall:

- Ensure the recipient mare receives regular veterinary examinations and adheres to veterinary recommendations.
 - Notify the Insurer **immediately** in case of any signs of pregnancy loss, abnormalities, or death of the mare.
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7. Claims Procedure

- Claims must be submitted in writing within **5 business days** after the diagnosis of pregnancy loss, abortion or death of the mare by a certified veterinarian. Required documentation includes: Veterinary report confirming loss or death.
 - Claims will be reviewed and resolved within **30 days** of complete documentation submission.
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8. Veterinary Certification

- A licensed veterinarian at ETC Hans Smet will certify that the pregnancy has reached **Day 45**, with a visible heartbeat.
 - Additional veterinary check-ups may be performed by the Insured. In case of signs of abnormalities or pregnancy loss, the Insured must notify the Insurer immediately.
 - Certification to be shared with the Insurer upon request.
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9. Premium and Payment Terms

- Premium: 350€
 - Payment Due: at 45 days of pregnancy
 - Late Payment: May result in suspension or termination of coverage with written notice.
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10. Termination or Cancellation

This contract may be terminated:

- Automatically if the pregnancy ends prior to Day 45.
 - No refund is applicable after coverage has started.
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11. Governing Law and Jurisdiction

This contract shall be governed by the laws of Belgium. Any disputes arising from this contract shall be subject to the **exclusive jurisdiction of the courts of Ghent, Belgium**.

12. Signatures

By signing below, the parties acknowledge and accept all terms and conditions of this Contract.

Signed by the Insured:

Name: _____

Signature: _____

Date: _____

Signed by the Insurer (Hans Smet ETC):

Name: _____

Signature: _____

Date: _____

Annexes:

- Leasing Contract for Recipient Mare
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