



**HORSE LIFE INSURANCE**

**Underwritten by Lloyd’s Insurance Company S.A.  
Arranged by Catherine de Buyl Horse Insurance  
N° FSMA 010698 A**

**PROPOSAL FORM FOR A PROSPECTIVE FOAL INSURANCE**

**VETERINARY CERTIFICATE**

**GERMANY**

I, Undersigned ..... Veterinary Surgeon, declare having performed the ultra-sound scan performed on ..... + ..... (date) and the manual examination on .....(date)

**The carrier dam:** Name: .....  
Microchip: .....  
Age: .....  
Date of the embryo transfer: .....

**I certify that she is in foal to a single foetus and in good bodily condition to carry the prospective foal to full term.**

**I declare that the mare is vaccinated against Rhinopneumonia every 6 months and against influenza and tetanus every year. Rhinopneumonia is a compulsory vaccination that has to be done on the 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> month of pregnancy.**

**Donor mare:** Name: .....  
Age: .....  
Origins: .....  
Stallion:.....  
Date of insemination: .....

Owned by Mr/Mrs .....

Date: Signature:

**OWNER’S DECLARATON**

Name, address and phone number: .....  
Stable address of the mare: .....

Insured value for the prospective foal: **3.015 €**  
Insured value carrier dam: **3.500 €**  
**Premium :** **845 €**

**Cover:**

- All risks of mortality of the carrier dam & prospective foal
- Insured value of the embryo doubled for free to 5.600€ 48h after birth subject to receiving the certificate of good health of the foal
- Foal insured during 150 days after birth
- Carrier dam insured during 5 months after birth

Date: Signature: