From:	Plains Horizon Equine Insurance <marvin@gethorseinsurance.com>
Sent:	Friday, October 13, 2023 5:15 PM
To:	BMG Equine
Subject:	BIND:CONVEX Angela & Jerry Ledesma 10/13
Attachments:	BIND_CONVEX Angela & Jerry Ledesma 10_13.pdf

Please see the attached binder.
Thank you,
Plains Horizon

--
Marvin Tavarez, Jr.
Plains Horizon Equine Insurance
1240 W. Oaklawn, Suite 101 PMB 306
Pleasanton, TX 78064
Office: 877-569-8960
International: 830-569-8900
Fax: 830-569-8917
Email: marvin@gethorseinsurance.com

Plains Horizon Equine Insurance
1240 W. Oaklawn Suite 101 PMB 306, Pleasanton, TX 78064
Phone (877) 569-8960
Fax (830) 569-8917

BMG INSURANCE BROKERS

CONVEX

(#3,764)

Date: 10/13/2023

MAIL or EMAIL

Bind ☒   QUOTE ☐   From   **Marvin Tavarez Jr.**

Effective Date 10/13/2023   Agency   **Plains Horizon Equine Insurance**

Insured Name   Angela + Jerry Ledesma

Insured Address   6415 Pony Express Court
Las Cruces, NM 88007

Coverage Requested: ☒ Mortality **OR** ☐ Accident Only ☐ AS&D ☐ 12 Month Extension **OR** ☒ Guaranteed Renewal ☒ Agreed Value

☒ ECS $5,000 ☐ ECS $7,500/ $50 Prem ☐ Major Med $_____ Co-Pay ____% Deductible $_____ Prem $_____

☐ LSS $10,000 Limit / Prem $_____ ☐ $5,000 Surgical/ Prem _____

☐ Prospective foal to _____ Days ☐ Transit to _____ ☐ Other _____

Payment Plan: 2 Pay ☐   3 Pay ☐   4 Pay ☐   Annual ☒

☐ NEW POLICY   ☐ RENEW OR ☒ AMEND Policy # 190-523920   Eff. Date: 3/19/23

☒ Addition   ☐ Deletion   ☐ Increase   ☐ Decrease   ☐ Cancel   ☐ Other _____

#5541400

1 – Name of Animal	LJR Bugabull Fame	Age 2013	Sex M
Sire/Dam			Use BRC
Sum Insured	250,000 Interest _____ Rate 3.5%		
	250,000 × 3.5% = 8750 × .430137 = 3,764		
2 – Name of Animal		Age _____	Sex _____
Sire/Dam			Use _____
Sum Insured	Interest _____ Rate _____		
3 – Name of Animal		Age _____	Sex _____
Sire/Dam			Use _____
Sum Insured	Interest _____ Rate _____		
4 – Name of Animal		Age _____	Sex _____
Sire/Dam			Use _____
Sum Insured	Interest _____ Rate _____		
5 – Name of Animal		Age _____	Sex _____
Sire/Dam			Use _____
Sum Insured	Interest _____ Rate _____		

Additional Comments

ATTACHMENTS: Vet Cert(s)/SOH(s) ☒   Application ☐   Catalog Page(s) ☐

JOV(s) ☐   Production Record(s) ☐   ____ ☐

SIGNATURE _____ MT _____ LW   DATE 10/13/2023

VETERINARIAN EXAMINATION FOR MORTALITY INSURANCE

The purpose of this examination is to identify and examine the involved animal in accordance with this Certificate, and to report to the company any medical facts known to you or obtained by your examination. **HORSES SHOULD BE EXAMINED IN MOTION.**

I, _Kerry Maddle_ do hereby certify that I am a veterinarian specializing in Equine Practice, holding a current license to practice medicine in the state of _Colorado_ and have this day examined:

LSR BugABull Fame   _10_   _m_   _QH_
NAME   AGE   SEX   BREED

OWNED BY: ADDRESS:

	Yes		No			Yes		No	
Pulse & respiration normal?	Yes	X	No		History or evidence of nerving?	Yes		No	X
Temperature normal?	Yes	X	No		Has horse been castrated?	Yes		No	X
Eyes clinically normal?	Yes	X	No		Any evidence of other surgery?	Yes	X	No	
Heart auscultated?	Yes	X	No		If mare, is she reported in foal?	Yes		No	X
History or evidence of bleeder?	Yes		No	X	If male, are both testicles evident?	Yes		No	
Vaccinated against West Nile Virus?	Yes	X	No		If male, are genitalia of normal size and consistency?	Yes		No	
Has horse ever had colic surgery?	Yes		No	X					
Any history or evidence of laminitis?	Yes		No	X					

If any surgery has been performed, describe type of surgery and date _Bugs had a knee chip on 1-7-2018_
It was removal by Littleton Large of Denver, CO

If surgery has been performed has horse clinically recovered: _100%_
Any clinical evidence of lameness, faulty conformation (angular, flexural, laxity), joint swelling or localized limb edema, or other abnormal conditions? _None_
Is stabling adequate? _yes_
To your knowledge are there any additional medical facts that should be brought to the attention of the company? _no_
If yes, give details, including date(s) _____
Is there evidence of vices or objectionable habits? _no_
Are there currently any contagious diseases on the property? Give details: _none_
Has official E.I.A. test been run: _yes_   Date: _7/4/23_   Result: _Neg_

COMPLETE THIS SECTION FOR FOALS 24 HOURS TO 30 DAYS OF AGE

	Yes	No		Yes	No
Was birth normal with no complications?	Yes	No	Date & Time of Birth		
Was foal born premature?	Yes	No	Any flexural deformities?	Yes	No
Did foal stand & nurse normally?	Yes	No	Does foal have patent urachus?	Yes	No
Is there evidence of hernia?	Yes	No	Is umbilicus dry & normal?	Yes	No
IgG reading & Date taken			White blood count & date taken		
Has foal received any medication, plasma or colostrum?			If yes, give date(s)		
Is foal currently on any medications, including antibiotics?			Are they prophylactic or therapeutic treatment?		
What antibiotic is being administered and how long will it be administered?					
Is there any history or evidence of rib fracture(s)			If yes, how many ribs are fractured?		

This certificate has been completed by examining veterinarian to the best of his or her ability as a licensed veterinarian.

Oct 6 2023
DATE & TIME OF EXAM

Kerry Maddle
PRINT NAME

(signature)
VETERINARIANS SIGNATURE

3144 E 168th Ave   Hudson Co 80642
VETERINARIANS ADDRESS

_400 231 4458_
TELEPHONE #

B M G

Pro-Rata Calculator

Eff date of policy	3/19/2023
Eff date of Change	10/13/2023
Insured Value	$ 250,000.00
FM Rate	3.50%
ASD Rate	
Major Med Premium	
LSS / Surg / Add ECS	

Mortality Premium	$ 8,750.00
ASD Premium	$ -
Major Med Premium	$ -
LSS / Surg / Add ECS	$ -

Pro-Rata Factor	0.430137

PR Mort Prem	$ 3,764.00
PR ASD Prem	$ -
PR Major Medical	$ -
LSS / Surg / Add ECS	$ -
Total Premium	**$ 3,764.00**