

Rufus, say hi to your new insurance!



We promise to do our best to make sure you love it here!

NOTE: Terms in **bold** are explained in the Definitions section below.

The Squeezed Version



Congratulations, John! Welcome to your Lemonade Pet Insurance policy #LPP72-130-695.

This policy covers **Rufus**, a 3-year-old mixed breed dog, permanently residing with you, John Doe, at 123 Main st. Anyplace, MS, 98001.

The **start date** of this policy is December 27th, 2023, and its **end date** is December 27th, 2024.

During this **policy period**, you'll be charged a premium of \$168.00 per year, in monthly payments of \$15.00 which includes an installment fee of \$1.00.

Your policy includes **waiting periods**, which determine when certain claims become eligible for coverage. **Illness** claims are eligible on January 10th, 2024. **Orthopedic condition** claims are eligible on January 26th, 2024.

Your policy covers 80% of **Rufus's treatment** and diagnostic **costs** in case she ever gets sick or injured and has an **annual limit** of \$20,000 for all claim payments. It also has an **annual deductible** of \$250 which is applied once per **policy period**.

There are other important things to know, such as exclusions, conditions, and more, so please read on.

What's covered



This policy provides coverage for when **Rufus** gets sick or injured.

We will pay our share of the **cost of treatment** when:

- An **accident** or **illness** results in an eligible **condition**
- The **treatment** is performed during the **policy period**, and after any applicable **waiting periods**

All claims are subject to your **deductible, co-insurance, and annual limit** which are indicated in “The Squeezed Version” above.

What's not covered



Pre-existing conditions

We do not cover **pre-existing conditions** that are not **cured**, including:

- **Conditions** for which clinical signs or symptoms were present before the **original start date**, or during any **waiting period**
- **Conditions** directly related to or caused by a **pre-existing condition**
- **Congenital conditions, hereditary conditions, and bilateral conditions** for which clinical signs or symptoms were present prior to the **original start date**, or before the end of any **waiting period**

Conditions not covered

We do not cover **treatment** for the following **conditions**:

- Any **dental illness**
- Any **behavioral condition**
- **Conditions** relating to or resulting from breeding or pregnancy
- Complications caused by a **condition** not covered by this policy
- **Conditions** relating to commercial guarding, herding, law enforcement, search, rescue, or participating in an organized competitive sport activity
- **Conditions** relating to riots, terrorism, war, or nuclear or biological disaster

- **Preventable conditions**, if you fail to follow **vet** recommendations, vaccine schedule, and other preventative medications
- **Conditions** relating to **neglectful behavior**



Treatment not covered

- **Physical therapy**
- Any **treatment** or service not related to an **accident** or **illness**, including **elective or cosmetic procedures**, microchipping, and genetic testing
- **Grooming**, even if performed by a **vet** to treat a **condition**
- Spay/Neuter, unless recommended by a **vet** as a **treatment** for an eligible **accident** or **illness**
- **Preventative care**, including but not limited to vaccines, wellness exams, internal parasite or fecal tests
- Internal and external parasite prevention and medication
- Euthanasia if not recommended by a **vet**, or due to ineligible **conditions**
- Expenses related to cremation, funeral, burial, taxidermy, or necropsy
- **Alternative, holistic, and experimental treatments**
- Any **treatment** not recommended by a **vet** for **your pet**
- General or obedience training, and any training equipment
- The following dental care items and **treatment**:
 - **Routine dental cleaning**
 - Take home dental care including but not limited to: toothbrushes, toothpaste, dental food, or chews
 - **Treatment** for supernumerary teeth, absent teeth, deciduous teeth, or malocclusion

Other things not covered

- **Cost of visit fees**, house call fees, or administrative charges
- **Cost of taxes**, medical waste, or biohazard disposal
- **Cost of membership or subscription fees** for third party plans, products, or services
- **Cost of food**, even if prescribed by a **vet** to treat a **condition**
- Routine **cost** of care including treats, routine supplements, or vitamins
- Pet supplies, including but not limited to: bedding, crates, kennels, cages, ramps, feeding bowls, pill guns, toys, clothing, leashes, collars, or muzzles
- Expenses related to boarding, transport, or housing
- Pet cloning

How claim payments work



We'll pay 80% of the **cost** for any covered claim, up to the policy's **annual limit** of \$20,000. There's also an **annual \$250 deductible** for **accidents and illnesses**.

For example: Say Rufus gets injured. After reviewing your claim, confirming the **treatment** and the **conditions** are eligible for coverage, we determine the covered **cost of treatment** performed by your **vet** is \$5,000.

We'll pay **you** \$3,750. ($\$5,000 * 80\%$ **co-insurance** - \$250 **deductible**)

Because we apply only one **deductible** per **policy period**, once the \$250 **deductible** has been met, we'll pay 80% of the **cost** for any additional covered claims, up to the policy's **annual limit**.

Terms and Conditions



Waiting periods

After the **original start date**, the following **waiting periods** will apply:

- 14 days for **illnesses**
- 30 days for **orthopedic conditions**

After the **original start date** of your policy, your **waiting periods** may be waived upon the completion of a comprehensive medical examination by a **vet** and after submitting a completed Lemonade Waiting Period Waiver Form. This form must be submitted within 2 days of the exam. If approved, any remaining **waiting periods** will expire effective the date following the examination. Any **conditions** found during this exam may be considered a **pre-existing condition**. The **cost** of the exam isn't covered by this policy.

Availability and access to medical records

To establish a complete medical history for **Rufus**, we require all available medical records. Without **your pet's** complete medical history, we may not be able to process claims.

By purchasing this policy, **you** agree to cooperate with us in obtaining all medical records for **Rufus**, including allowing us to contact current and previous **vets** on your behalf, and authorizing any release of requested information.

Other pets and pet parents

This policy covers just one pet – **Rufus**, and cannot be transferred to other pets. To add pets, [click here](#). This policy only provides benefits to **you**, **Rufus's pet parent**. **Rufus** must be under your care and living with **you** at your address listed on this policy.

Submitting your claim

To expedite your claim review, please file your claim as soon as **you** can. However, in cases where this isn't possible, we'll accept claims for review up to 180 days from the date of **treatment**. We require itemized invoices and receipts detailing **your pet's** information, date of **treatment**, **cost** of the services, and the **vet's** information. **You** must provide all requested information and documentation during the claims process. All claim payments will be made to **you**, unless otherwise assigned by **you** and agreed to by us.

Prior claim payments

Any prior claim reimbursement does not waive our right to review future claims in accordance with the terms and conditions of this policy.

Recovery from third parties

If **you** have a right to receive payment for all or part of a covered loss from a third party, we retain the right to recover the amount up to any payment made to **you** by us. Having this policy means **you** agree to cooperate with us in this process and provide any requested information and documents.

Other insurance

We will not pay claims for **your pet** if they are covered by other insurance policies, except any amount over and above other insurance policies for **your pet**.

Fraud & Misrepresentation

This policy, and any other Lemonade pet policies, will be canceled or non-renewed in any case of fraud, intentional concealment, material misrepresentation, or exaggeration of facts by **you** at any time regarding:

- This policy or its application
- **Your pet** details, or your ownership of **your pet**
- **Your pet's** medical history
- A claim under this policy

You may also be disqualified from eligibility for any future Lemonade policy.

Complaints

We always prefer to settle disagreements collaboratively. If **you** have a complaint or disagreement, we encourage **you** to contact our Customer Experience team and voice your concerns.

If you'd like to file a complaint, please **contact us**.

Changes & Additions

If your address changes, we require that **you** notify us within 30 days of the change. A change in your address could result in a change to your premium and coverages.

As pets age and their health deteriorates, they may require more frequent veterinary care and increased **costs**. In addition, over time, **vet** services, medication, and **treatment costs** increase. That's why pet insurance premiums may increase over time. We'll let **you** know about any changes to your premium at least 30 days before your **renewal date**.

Coverage Changes

You can request changes to your policy coverages within the first 14 days of the **policy period start date**, or prior to your renewal. All coverage changes are subject to review and approval by us.

All completed policy changes will appear in the "Changes you've made to this policy" section. Please refer there for more details about the changes.

Cancellation & Renewal

This policy is valid for one year, after which it will automatically renew for another year, until it is canceled by **you** or by us, or unless we choose to not renew it. If this policy renews, a new **policy period** will start on the **renewal date** and **you** will be charged for the renewal premium.

If we choose to cancel or not renew this policy, we'll notify **you** at john@doe.com, at least 10 days in advance.

You are free to cancel your policy at any time and we will return any leftover premium on a pro-rata basis. If **you** cancel within the first 30 days of the **original start date** and have no reported or paid claims nor benefits used, we will refund your full premium.

If **you** fail to make a payment, we will try to reach **you** by email. If payment isn't settled within at least 10 days, your policy will be subject to cancellation. Any leftover premium will be returned on a pro-rata basis.

Well, look who made it here!

Hopefully this all made sense and **you** feel great about your coverage for **Rufus**. Please **contact us** if anything remains unclear, or if **you** need more coverage than this agreement provides.

We wish **you** a healthy year, but should **you** encounter any bumps along the way, we'll do our best to smooth them out. After all, when life gives **you** lemons...

Sincerely,

Daniel, Shai, and the entire Lemonade Team

Definitions



Accident

An unexpected and unintended event resulting in physical **injury** to your pet.

Alternative, Holistic, and Experimental Treatment

Experimental or investigational **treatment** or medication, including clinical trials, that are not generally accepted by the veterinary medical community as effective or proven. This includes aromatherapy, herbal remedies, and cannabinoid products.

Annual

The lesser of the duration of the **policy period**, or the 12 months following the **start date**.

Annual Limit

The maximum amount that we will pay during any one **policy period**.

Behavioral Condition

A **chronic condition** that is an abnormal, dysfunctional, or unusual psychological state. This includes, but is not limited to: anxiety disorders, aggression, coprophagia, pica, or self-harm.

Bilateral Condition

A **chronic condition** that affects both sides of **your pet's** body, even if clinical signs or symptoms do not present at the same time.

Chronic Condition

A **condition** that can be treated or managed, but cannot be **cured**.

Co-insurance

The percentage of the claim's **cost** we are responsible for paying.

Condition

Any disease, disorder, sickness, **illness**, **injury**, abnormality, or syndrome in which **your pet** has displayed clinical signs or symptoms.

Congenital Condition

A **chronic condition** that is present from birth, which may cause or contribute to **illness** or disease.

Cost

The fees associated with the **treatment** of **your pet's condition**, which cannot exceed the actual amount billed.

Cured

A temporary **condition** or **injury** that is resolved without recurrent signs, symptoms, or continued **treatment** for at least 12 consecutive months.

Deductible

The **annual** amount **you** pay for the **cost** of any eligible **accident** or **illness** loss, before our obligation to pay begins.

Dental Illness

An **illness** affecting the teeth and/or gums.

Elective or Cosmetic Procedures

Treatment not intended to treat an active **illness** or **injury**, or is completed for purely aesthetic reasons including, but not limited to: tail docking, ear cropping, declawing, or dewclaw removal.

End Date

The date coverage under this policy ends, as indicated in “The Squeezed Version”, or the effective date of the policy cancellation.

Grooming

Maintenance and hygiene practices including but not limited to: brushing, bathing, trimming & shaping coat, nail trimming, ear cleaning and plucking, anal gland expression, or teeth brushing.

Hereditary Condition

A **chronic condition** or abnormality that is genetically transmitted from parent to offspring and may cause **illness** or disease.

Illness

Sickness, disease, or any clinical signs or symptoms of a change to **your pet’s** normal healthy state that is not caused by an **accident**.

Injury

Physical harm caused by an **accident**.

Neglectful Behavior

Intentional actions or lack of appropriate care, by **you** or anyone in your household, including organized fights or activities related to training, which result in **injury** or **illness**. This does not include **injury** and **illness** caused by an act of domestic violence as long as the **pet parent** cooperates with us in any investigation.

Original Start Date

The first **start date** that continuous coverage for **your pet** begins, used in determining any applicable **waiting periods**.

Orthopedic Conditions

Conditions affecting the bones, skeletal muscle, cartilage, tendons, ligaments, and joints. It includes, but is not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and ruptured cranial cruciate ligaments. It does not include cancers or metabolic, hemopoietic, or autoimmune diseases.

Pet Parent

The named insured as indicated in “The Squeezed Version” and their spouse, who can also prove as of the policy **start date**, ownership of the pet either by **veterinarian** records or by local government/municipality registration. Also referred to in the policy as “**you**”.

Physical Therapy

The following **treatments**: acupuncture, chiropractic, cryotherapy, electro-acupuncture, e-stim therapy, gait training, heat therapy, hydrotherapy, joint mobilization, laser therapy, massage, range of motion exercises, treadmill therapy, stretching, therapeutic exercises, or therapeutic ultrasound.

Policy Period

The period that begins at 12:01am of this policy's **start date** and expires at 12:00am on the **end date**.

Pre-Existing Conditions

Any **condition**, prior to the **original start date** of a pet insurance policy or during any **waiting period**, for which a **veterinarian** provided medical advice, the pet received previous **treatment** for, or, based on information from verifiable sources, the pet had clinical signs or symptoms directly related to the **condition** for which a claim is being made. A **condition** for which coverage is afforded on a policy cannot be considered a **pre-existing condition** on any renewal of the policy.

Prescription Medication

Any prescription, supplement, or remedy prescribed by a **veterinarian** to treat a **condition**. This does not include prescription food or **preventative care** medication.

Preventable Conditions

Any **condition** for which **you** were advised by a **veterinarian** to take preventative measures, including but not limited to: keeping **your pet** up to date with **preventative care** medications, internal and external parasite prevention, vaccinations, routine oral healthcare, spaying or neutering, or any other recommendation provided by your **vet**.

Preventative Care

Treatment, services, or procedures for the purpose of preventing **accident, injury, or illness** or for general health maintenance or routine care.

Renewal Date

The date that falls exactly 12 months after your **start date**, and every 12 months thereafter.

Routine Dental Cleaning

A routine dental prophylaxis, and related **costs**, performed for the purpose of maintaining **your pet's** oral health. This does not include coverage for the **treatment** of a **dental illness, accidents**, extractions, or restoration.

Start Date

The date coverage starts as indicated in “The Squeezed Version”.

Treatment

A medical service including diagnostics, procedures or **prescription medication**, administered for the care of **your pet** in connection with a **condition**. These services must be performed in the U.S. by, or under the direct supervision of a state-licensed **veterinarian**.

Visit Fees

Cost of obtaining a professional veterinary evaluation or advice from a **vet**, or veterinary professional, including, but not limited to: office exams, emergency exams, check-ups, physical consultations, poison control consultations, telehealth consultations, office visits, referrals, or rechecks.

Veterinarian

An individual who holds a valid license to practice veterinary medicine or other appropriate licensing entity in the jurisdiction in which they practice. Also referred to in the policy as a “**vet**”.

Waiting Period

The period of time specified in the original pet insurance policy that is required to transpire before some or all of the coverage in the policy can begin. The **waiting periods** begin on the policy’s **original start date**. **Waiting periods** will reset if **you** do not maintain continuous coverage with us for **your pet**.

Your Pet

The domestic cat or dog, indicated in “The Squeezed Version”, owned by **you** as an individual. Also referred to in the policy as “**Rufus**”.

Mississippi Specific Notices and Clarifications

Cancellation & Renewal

The second paragraph under **Cancellation & Renewal** is replaced by the following:

If we choose to cancel or not renew, we'll notify **you** at **john@doe.com** at least 30 days in advance.

Consumer Disclosure

If **you** have any questions, **you** can contact us at the email address, telephone number and address below:

help@lemonade.com

1 (844) 733-8666

5 Crosby St., 3rd floor, New York, NY 10013

You may also contact the Mississippi Insurance Department at the website, telephone number and address below:

www.mid.ms.gov

1 (800) 562-2957

P.O. Box 79, Jackson, MS 39205-0079



**Additional documents, notices,
and disclosures as required by
law**

Notice of Installment Fees, Recurring Credit/Debit Card Payments and Our Rights to Discontinue Coverage Because of Failed Payments

Your policy is a one-year contract. If you have chosen to pay monthly for your insurance, we will automatically charge your card each month for the total monthly amount quoted to you, which is the sum of the monthly premium plus a monthly installment fee of \$1. You may cancel these recurring payments by canceling your policy on the Lemonade app or by emailing our customer experience team at help@lemonade.com.

If we choose to insure you for another year, we will automatically charge the card for the new monthly premium and the new monthly installment fee. We will do the same for any subsequent renewals. Please keep your card information updated with us.

If your payment fails for any reason, we will attempt to collect the unpaid amount through our usual processes using the card information we have for you. We have the right to cancel your policy, if we cannot collect the monthly premium when due. We have the right to decline to insure you for another year, if we cannot collect either or both the monthly premium or the monthly installment fee when due. Payments we collect will be applied first to unpaid premium. Only after the premium has been paid in full will collections be applied to unpaid installment fees.



Insurer Disclosure of Important Policy Provisions

Here is a summary of some of the important information included in this policy. Refer to your policy document for further detail.

What's not covered: This policy excludes coverage for pre-existing conditions. Other exclusions may apply. Please refer to the exclusions section of the policy for more information.

Waiting Periods: Coverage is subject to a waiting period of 14 days for illnesses and 30 days for orthopedic conditions.

How claims are paid: This policy has deductible, co-insurance, and annual limit limitations that apply to coverage. If purchased, certain additional coverages, including preventative care coverage, have separate annual limits (schedule of benefits) and/or an annual deductible. Please refer to your policy document for these details.

All claims are paid using the following formula:

Covered treatment cost * co-insurance - deductible = claim payment

Changes to your premium and coverage: Policy premium and coverage may change based on address and pet age. Premiums will not be affected due to claims history.

Right to Examine and Return: You have 30 days from the day you receive this policy to review it and return it to us if you decide not to keep it. If you decide not to keep it, and have not filed a claim, simply let us know you wish to return it. You do not have to tell us why you are returning it. You must return it within 30 days of the day you first received it. We will refund the full amount of any premium paid within 30 days after we receive the returned policy. The premium refund will be sent directly to the person who paid it. The policy will be void as if it had never been issued.

Contact Details

- help@lemonade.com
- 1 (844) 733-8666
- 5 Crosby St., 3rd floor, New York, NY 10013