



**pet health
insurance policy**
terms and conditions



Administered by Fetch Insurance Services, LLC.
For questions concerning your policy, call 1-866-467-3875.



index of policy provisions

I. Definitions Used Throughout This Policy	3
II. Insuring Agreement	5
III. Insured Coverages and Benefits	5-7
1. Veterinary Fees.	5
2. Advertising and Reward.	5
3. Boarding Fees.	5
4. Loss Due to Theft or Straying.	6
5. Death from Illness or Injury.	6
6. Vacation Cancellation.	7
IV. Co-pay and Deductibles	7
V. General Exclusions	7-10
VI. Limits of Insurance	10
VII. General Conditions	11-13
1. Eligibility.	11
2. Your Duties After Loss.	11
3. Payment of Loss.	11
4. Age of Your Pet.	11
5. Condition of Your Pet.	11
6. Care for Your Pet.	12
7. Concealment, Misrepresentation or Fraud.	12
8. Cooperation, Information and Examination.	12
9. Transfer of Your Rights and Duties.	13
10. Changing Your Level of Coverage.	13
VIII. Other Terms and Conditions	13-14
1. Legal Actions.	13
2. Appeals.	13
3. Our Right to Recover Payment.	13
4. Entire Policy.	13
5. Conformity to State Statutes.	13
6. Cancellation and Nonrenewal.	14
7. Promotional offers.	14
8. Liberalization.	14
9. Claim Forms and Proof of Loss.	14
10. Unpaid Premiums.	14
11. Electronic Delivery.	14



I. Definitions Used Throughout This Policy

Some words or phrases in the **policy** have been defined below. Defined words or phrases are printed in bold type and have the following meanings, unless a different meaning is described in a particular coverage or endorsement.

You, Your	The named insured as shown on the declarations page .
We, Us, Our	The company providing this insurance, or the company's designated representative.
Pet, Your Pet	Any dog or cat named and described on the declarations page and for which a premium has been paid.
Behavioral Disorder(s)	Any change in your pet's temperament, activity or inactivity that is abnormal, dysfunctional or unusual for which there is no underlying medical condition(s) . Behavioral disorders include, but are not limited to, aggression, separation anxiety or phobias.
Clinical Sign(s)	Changes in your pet's normal healthy state, its bodily functions or behavior (as observed by any individual, recorded in your pet's medical record, or identified in previously performed examinations or treatment(s) for your pet).
Co-pay(s)	The percentage of your claim for which you are liable before any applicable deductible is applied.
Congenital Defects or Abnormalities	Any condition(s), abnormality(ies) or disorder(s) present at and existing from the birth of your pet .
Declarations Page	A written document comprising part of this policy which identifies the named insured, the policy number, the insured pet , the coverage options selected, any applicable co-pay(s) and/or deductible(s) and the maximum annual benefits provided.
Deductible(s)	The fixed amount per illness or injury per policy period that will be deducted from any reimbursement made to you , after any co-pay amount has been deducted, for which you are liable prior to receiving any claims settlement.
Exclusion(s)	Any situation, event or medical condition not covered by this policy .
First Exam	If your pet has not been examined by a veterinarian within the twelve (12) months prior to the effective date of the policy (thirty (30) days if your pet is age six (6) years or older), the first exam will be the first exam performed by a veterinarian after the effective date of the policy , but during the policy period .
Illness(es)	Any change to the normal healthy state of your pet , a sickness, disease or medical condition (except behavioral disorders) not caused by an accident.
Injury(ies)	Physical harm to your pet arising from normal activity or an accident.
Maximum Annual Benefit	The most we reimburse during the policy period for each type of benefit covered by this policy as shown on the declarations page .
Medical Condition(s)	All clinical sign(s) and symptoms resulting from the same diagnostic classification or disease process, regardless of the number of incidents or areas of the body affected.
Medically Necessary	Any treatment which is directly and materially related to a covered illness or injury , as recommended and documented in your pet's medical records by the treating veterinarian .
Policy	These terms and conditions and any amendatory endorsements thereto, the declarations page , and the application you completed for coverage.
Policy Period(s)	The period from the effective date to the expiration date of the policy as set forth on the declarations page .
Pre-existing Condition(s)	A medical condition which first occurred or showed clinical sign(s) before the effective date of this policy or which occurred or showed clinical sign(s) during the policy waiting period .

Preventive Care

Any **treatment**, service or procedure, including but not limited to physical examinations, medications, surgeries, inoculations or laboratory procedures, for the purpose of prevention of **illness** or **injury** or for the promotion of general health, where there has been no **injury** or **illness**.

Reasonable Cost(s)

The fees regularly charged for a given **treatment** or procedure by the treating veterinary facility, or the fees regularly charged by a licensed kennel or cattery.

Select Breed

Certain breeds of dog for which special **policy** conditions apply. If a dog is a **select breed**, it is noted on the **declarations page** under "Breed Classification."

Terms and Conditions

All provisions of this **policy**.

Treatment(s)

Any veterinary care and prescribed medications administered by a **veterinarian**, or under a **veterinarian's** direct supervision, in treating **your pet's injury** or **illness**.

Veterinarian

Any properly licensed veterinarian within the U.S. or Canada from whom **your pet** has received **treatment**.

Waiting Period

There is a fifteen (15) day period beginning on the effective date of this **policy** during which **we** will not cover any **illness** of **your pet**. The **waiting period** for **illness** of **your pet** will not apply to any renewal of **your policy** if continuous coverage is maintained. There is a five (5) day period beginning on the effective date of this **policy** during which **we** will not cover any **injury** to **your pet**. The **waiting period** for **injury** to **your pet** will not apply to any renewal of **your policy** if continuous coverage is maintained. Conditions for which **clinical sign(s)** were observed during the **waiting period** are excluded from this **policy** as **pre-existing conditions**. (See also Section V.e.)



II. Insuring Agreement

Upon **your** payment of the premium when due, and in reliance on the statements **you** made in the application (a completed copy of which is attached hereto and made a part hereof), **we** will provide coverage as specifically described in and subject to the **terms and conditions** of this policy for **your** covered **pet**.

Except if stated to the contrary, all benefits are subject to all the terms, conditions and limitations as stated herein and as shown on the **declarations page**.

III. Insured Coverages and Benefits

We will provide the coverages to **you** as set forth in the numbered paragraphs below subject to the following:

1. **Waiting period.**
2. **Co-pay(s).**
3. **Deductible(s).**
4. **Exclusions.**
5. Limits of insurance.
6. Other terms, conditions and limitations in this **policy**.

1. VETERINARY FEES

We will reimburse **you** for;

- a. the **reasonable cost(s)** of any **medically necessary treatment your pet** has received during the **policy period** for a covered **illness or injury**, up to the **maximum annual benefit** for this coverage part as shown on **your declarations page**; and
- b. consultations by a **veterinarian** to diagnose and treat **behavioral disorders** during the **policy period**. This coverage is limited to the **maximum annual benefit** shown on **your declarations page**.

Illnesses, injuries, behavioral disorders and veterinary **treatments** must take place within the **policy period**.

2. ADVERTISING AND REWARD

We will reimburse **you** for the cost of advertising and paying a reward if **your pet** is stolen or strays during the **policy period**. This coverage is limited to the **maximum annual benefit** shown on **your declarations page**.

As soon as **you** discover **your pet** is missing, **you** must:

- a. Notify the police and ask for a reference or case number and written confirmation of **your** report.
- b. Notify the five (5) veterinary clinics and animal shelters closest to the area where **your pet** was last seen.
- c. Complete and send us a completed claim form along with all receipts for costs **you** incurred for advertising and paying a reward.

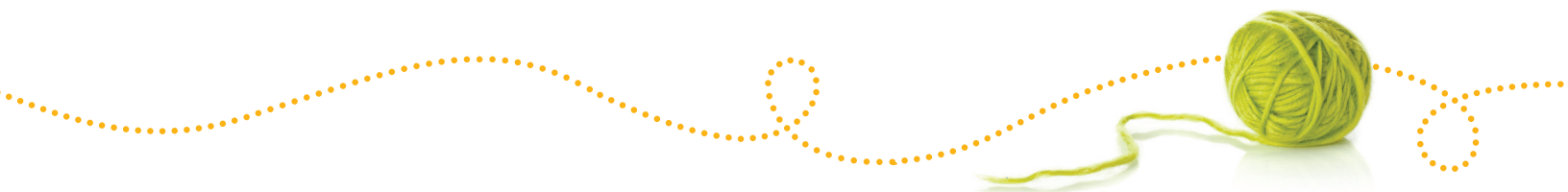
Conditions Applying to Advertising and Reward

We will not reimburse **you** for:

- a. Any reward not supported by a signed receipt giving the full name and address of the person who found **your pet**.
- b. Any reward paid to any person living with **you**, related to **you**, employed by **you** or known by **you**.
- c. Any reward resulting from **your** neglect or deliberate concealment of **your pet**.

3. BOARDING FEES

We will reimburse **you** for the **reasonable cost(s)** of boarding **your pet** at a licensed kennel or cattery while **you** are in a hospital as a result of **your** own sickness, disease, or bodily **injury**, during the **policy period**. This coverage is limited to the **maximum annual benefit** shown on **your declarations page**.



You must:

- a. Have incurred or have been diagnosed and reported **your** own sickness, disease or bodily injury during the **policy period**.
- b. Submit a claim form completed by **your** doctor and the kennel or cattery, as soon as possible after **you** are hospitalized as a result of **your** own sickness, disease or bodily injury.
- c. Submit the original invoice from the kennel or cattery.

Conditions Applying to Boarding Fees

We will not reimburse **you** if:

- a. **You** are admitted to a hospital for less than ninety-six (96) hours.
- b. **You** are treated in a care setting other than a hospital.
- c. **You** are admitted to a hospital because of a sickness, disease or bodily injury, which first occurred or manifested itself before **your pet** was covered under this **policy**.
- d. **You** are admitted to a hospital as a result of **your** pregnancy or giving birth.
- e. **You** are receiving any treatment that is not related to a sickness, disease or bodily injury.
- f. **You** are admitted to a hospital for the treatment of alcohol abuse, drug abuse, suicide attempt or self-inflicted illness or injury.

4. LOSS DUE TO THEFT OR STRAYING

We will reimburse **you** for the price **you** paid for **your pet** if **your pet** is stolen or goes missing during the **policy period** and is not found. This coverage is limited to the **maximum annual benefit** shown on **your declarations page**. If **you** have no formal proof of how much **you** paid for **your pet** in the form of an original receipt, **we** will reimburse **you** the lesser of the current local humane society adoption fee for the species of pet named on the **declarations page**, or \$150. As soon as **you** discover **your pet** is missing, **you** must:

- a. Notify the police and ask for a reference or case number and written confirmation of **your** report.
- b. Notify the five (5) veterinary clinics and animal shelters closest to the area where **your pet** was last seen.

If **your pet** is not found within thirty (30) days, **you** must complete and send **us** a completed claim form. This must include the original receipt for the price **you** paid for **your pet**.

If **your pet** is found or returns to **you**, **you** must repay the full amount **we** have paid **you** under this coverage part.

Conditions Applying to Loss Due to Theft or Straying

We will not reimburse **you** if:

- a. **You**, or the person looking after **your pet**, freely parts with **your pet** even if tricked into doing so.

5. DEATH FROM INJURY OR ILLNESS

We will reimburse **you** for the price **you** paid for **your pet**, if **your pet** dies or has to be put to sleep by a **veterinarian** during the **policy period**, as a result of an **injury** or **illness**. This coverage is limited to the **maximum annual benefit** shown on **your declarations page**. If **you** have no formal proof of how much **you** paid for **your pet** in the form of an original receipt, **we** will pay **you** the lesser of the current local humane society adoption fee for the species of pet named on the **declarations page**, or \$150.

Conditions Applying to Death from Injury or Illness

We will not reimburse **you** if:

- a. **Your pet's** death results from an **injury** or **illness** that is a **pre-existing condition**.
- b. A **veterinarian** is not able to verify the death or sign the death claim form.
- c. **Your pet** was put to sleep at **your** request and not as suggested by a **veterinarian**.
- d. The death is the result from an **illness** for any **pet** age six (6) years or older.
- e. **Your pet** was put to sleep because of a **behavioral disorder**, including aggression.

6. VACATION CANCELLATION

We will reimburse **you** for any travel and accommodation costs **you** cannot recover, if **you** have to cancel or cut short a vacation during the **policy period** because **your pet** is **injured** or shows the first **clinical sign(s)** of an **illness** while **you** are away or up to seven (7) days before **you** leave, and as a result requires immediate lifesaving veterinary **treatment**. This coverage is limited to the **maximum annual benefit** shown on **your declarations page**.

Conditions Applying to Vacation Cancellation

We will not reimburse **you** for:

- Any costs relating to a vacation **you** booked less than twenty-eight (28) days before **you** were due to leave.
- Any costs resulting from an **injury** or **illness** that is excluded from coverage.
- Any cost of cancellation insurance.



IV. Co-pay and Deductibles

For each **illness** or **injury** that is treated during the **policy period** and that is not related to any other **illness** or **injury** during the same **policy period**, **you** will pay an amount of **co-pay** and a **deductible** as stated on **your declarations page**.

The **co-pay** percentage will be deducted from the total of all costs for a covered **illness** or **injury**. Once the **co-pay** has been applied, the **deductible** will be applied to the remaining amount. The **deductible** will be applied separately to each separate **illness** or **injury**. When the **treatment** dates of an **illness** or **injury** fall into two or more **policy periods** **you** will be required to pay a **deductible** for each **policy period**. As an example, if **you** have a covered claim of \$1,000 to which a ten (10) percent **co-pay** and \$100 **deductible** apply, first the ten (10) percent **co-pay** is applied and \$100 is deducted from the covered amount. Then the \$100 **deductible** is applied and taken off the covered amount. This means that out of the original \$1,000, **we** will reimburse **you** a total amount of \$800.

In addition to the application of the **deductible** and **co-pay**, there are limits on the total amount of insurance afforded per **policy period** as set forth on the **declarations page** as **maximum annual benefits** for each coverage part. (See also Section VI.)

V. General Exclusions

This **policy** does not cover:

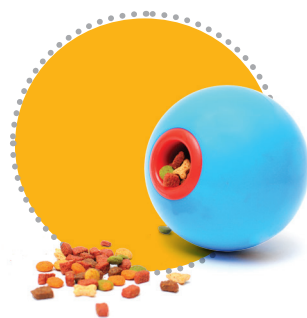
- Costs **you** incur for **your pet** for any matter not set forth in Section III.
- Expenses beyond the Limits of Insurance as described in Section VI. b .
- Any cost for treating an **illness** or **injury** incurred while the **policy** is not in force.
- The portion of the cost of treating an **illness** or **injury** that is greater than the **reasonable cost(s)** for treating such **illness** or **injury**.
- The cost of any **treatment** or diagnostic testing for **pre-existing conditions** as follows:
 - Any **injury** that happened or any **illness** that first showed **clinical sign(s)** before the effective date of this **policy**; any **illness** that first showed **clinical sign(s)** during the first fifteen (15) days beginning on the effective date of this **policy**; any **injury** that occurred during the first five (5) days beginning on the effective date of this **policy**.
 - Any **injury** or **illness** that is the same as, or has the same diagnosis or **clinical sign(s)** as any **injury, illness** or **clinical sign(s)** **your pet** had prior to the effective date of this **policy**; any **illness** that is the same as, or has the same diagnosis or **clinical sign(s)** as any **illness** **your pet** had during the first fifteen (15) days beginning on the effective date of this **policy**; or any **injury** that is the same as, or has the same diagnosis or **clinical sign(s)** as any **injury** that occurred to **your pet** during the first five (5) days beginning on the effective date of this **policy**.
 - Any **injury** or **illness** that is caused by, relates to or results from any **injury, illness** or **clinical sign(s)** **your pet** had prior to the effective date of this **policy**; any **illness** that is caused by, relates to or results from any **illness** or **clinical sign(s)** **your pet** had during the first fifteen (15) days beginning on the effective date of this **policy**; or any **injury** that is caused by, relates to or results from any **injury** that occurred to **your pet** during the first five (5) days beginning on the effective date of this **policy**. This exclusion applies no matter where the **injury, illness** or **clinical sign(s)** are noticed or occur on **your pet's** body.

Pre-existing conditions do not include coverable on-going **medical conditions** that were diagnosed after the effective date of the first **policy period** where continuous coverage with a pet insurance policy administered by Fetch Insurance Services, LLC, was maintained thereafter.

- f. **Behavioral disorders** where **clinical sign(s)** were apparent prior to the effective date of the **policy** or that became apparent during the first fifteen (15) days beginning on the effective date of this **policy**.
- g. **Congenital defects** or **abnormalities** where **clinical sign(s)** were apparent prior to the effective date of the policy or that became apparent during the first fifteen (15) days beginning on the effective date of this **policy**.
- h. Any **treatment** associated with damage or rupture of cruciate ligaments, luxation of the patellas or other soft tissue disorders of the knee where **clinical sign(s)** occur during the first six (6) months that the policy is in effect. However, coverage will be afforded if **your pet** is examined by a **veterinarian** within the first thirty (30) days of the **policy** and the medical record specifically notes **your pet** does not have any **pre-existing conditions** relating to the knees.
 - i. If **your pet** has received **treatment** for a cruciate or soft tissue **injury** to one knee during the first six (6) months of the **policy** (where no certification of knee health has been provided as described in Section V.g.) then the other knee is automatically excluded from coverage for a period of twelve (12) months from the date of last **treatment** to the affected knee.
 - ii. If **your pet** has received **treatment** for a cruciate or soft tissue **injury** to one knee prior to **policy** inception then the other knee is automatically excluded from coverage for the longer period of:
 - (a) twelve (12) months from the date of last **treatment** to the affected knee.
 - (b) the first six (6) months that the **policy** is in effect, as per Section V.g.
 - iii. If **your pet** has shown **clinical signs** of a cruciate or soft tissue **injury** to one knee prior to the effective date of this **policy** or during the first six (6) months of the **policy** (where no certification of knee health has been provided as described in Section V.g.) and appropriate **treatment** has not been performed, then the other knee is automatically excluded from coverage. Once appropriate **treatment** has been performed, the other leg is excluded from coverage for a period of twelve (12) months from the date of last **treatment** to the affected leg.
- i. Intervertebral disc disease when another disc in the same or neighboring spinal region (e.g. cervical, lumbosacral) was previously treated or showing **clinical sign(s)** prior to the effective date of this **policy** or during the first fifteen (15) days beginning on the effective date of the **policy**.
- j. The cost of any **treatment** for oral health, including but not limited to dental disease, malocclusions and deciduous teeth, where **clinical sign(s)** (including, but not limited to, tartar, gingivitis, pulp exposure or halitosis) were observed prior to the effective date of the **policy** or during the first fifteen (15) days beginning on the effective date of this **policy**.
- k. Food, including food prescribed by a **veterinarian**, to treat or prevent **illness** or **injury**.
- l. Any costs for a pet less than six (6) weeks old.
- m. Any **illness** contracted outside the U.S. or Canada that the pet would not have normally contracted in the U.S. or Canada.
- n. Costs arising out of or related to:
 - i. Breeding;
 - ii. Pregnancy;
 - iii. Whelping or nursing;
 - iv. **Treatment** of offspring
 except costs of any complications arising from the first three items. However, for coverage to apply, the date of breeding must fall after the first fifteen (15) days of the effective date of this **policy**.
- o. Bathing **your pet** unless the treating **veterinarian** indicates that bathing was **medically necessary** and that only a **veterinarian** or a member of veterinary staff could bathe **your pet**.
- p. Telephone consultations, except if provided for an immediate life-saving emergency consultation, and any resulting prescribed **treatments** or therapies.
- q. Routine and **preventive care**, including but not limited to:
 - i. Vaccinations (and vaccine titers and nosodes).



- ii. Preventive medications (including those for heartworm and flea and tick prevention).
 - iii. Routine examinations.
 - iv. Dental prophylaxis.
- r. The cost of boarding **your pet** at a veterinary facility. Hospitalization is a covered expense provided that it is **medically necessary**.
- s. The cost of any form of housing, including cages – rented or bought.
- t. The cost of renting:
 - i. A swimming pool.
 - ii. A hydro-therapy pool, or
 - iii. Any other pool or hydro-therapy equipment.
- u. Any of the following methods of **treatment** not given by a **veterinarian**:
 - i. Holistic.
 - ii. Homeopathic.
 - iii. Acupuncture.
 - iv. Chiropractic.
 - v. Physical therapy.
 - vi. LASER therapy.
- v. Experimental **treatments** or any **treatments** that do not meet the accepted standards of veterinary medicine.
- w. Cloned pets or cloning procedures, whether or not deemed experimental or for research.
- x. Organ transplants not deemed **medically necessary** or not first approved by **us**.
- y. Any amount as a result of:
 - i. Obedience or training classes, including puppy classes.
 - ii. Training, correctional devices, or preventive products.
 - iii. The **treatment** of coprophagia or other eating disorders.
 - iv. Training for behavioral disorders.
- z. Grooming or grooming supplies.
- aa. **Treatments** or preventive **treatments** for parasites or conditions related to parasites (internal or external) unless there is no preventive medication for the parasite including but not limited to:
 - i. Heartworms.
 - ii. Fleas.
 - iii. Ticks.
 - iv. Roundworms.
 - v. Tapeworms.
 - vi. Hookworms.
- bb. Elective or specialty procedures, including but not limited to:
 - i. Docking of tails.
 - ii. Removal of dewclaws.
 - iii. Removal of eyelashes.
 - iv. Cropping of ears.
 - v. Spaying or neutering.
 - vi. Cosmetic dentistry.
 - vii. Elective gastropexy.
 - viii. Routine/preventive anal gland expression.
- cc. Time and travel expenses to a **veterinarian's** premises or hospital.
- dd. Costs for **illness** or **injury** that arise out of:
 - i. Racing.



- ii. Coursing.
 - iii. Commercial guarding.
 - iv. Organized fighting.
 - v. Any other occupational, professional or business uses of **your pet**.
- ee. Costs arising from any intentional **injury** or abuse (including persistent neglect) of **your pet**, by **you** or a member of **your** household.
- ff. Any costs that arise from an **injury** or **illness** for which **you** were advised by a **veterinarian** to take action and **you** failed to follow the **veterinarian's** recommendations.
- gg. House calls, unless **treatment** is required for an emergency.
- hh. The costs of having **your pet** put to sleep (unless suggested by the treating **veterinarian**), examined or tested post-mortem, cremated or otherwise disposed of. The destruction of a pet deemed dangerous is not covered.
- ii. Any amount as a result of:
- i. Invasion.
 - ii. War.
 - iii. Revolt.
 - iv. Rebellion.
 - v. Revolution, military or usurped power.
 - vi. Governmental seizure.
 - vii. Quarantine.
 - viii. Other action related to public safety or health.
- jj. The **treatment**, death or humane destruction directly or indirectly
- i. caused by,
 - ii. happening through,
 - iii. as a result of,
 - iv. or contributed to or by
Avian Influenza or any mutant variation.
- kk. Any expenses if other General Conditions set forth in Section VII, or conditions applicable to **you** and set forth in Section VIII, have not been met.
- ll. Any amount if **you** failed to satisfy, or comply with, the conditions set forth in the GENERAL CONDITIONS, CARE FOR **YOUR PET** (VII.6) section of this **policy** including, but not limited to the condition to have **your pet** examined by a **veterinarian** within the twelve (12) months prior to the effective day of the **policy** (thirty (30) days for pets age six (6) years or older) and the failure to have **your pet** examined by a **veterinarian** after the effective date of the **policy**. Where **your pet** has not been examined by a **veterinarian** within the twelve (12) months prior to the effective date of the **policy** (thirty (30) days for pets age six (6) years or older), any and all **medical condition(s)** or **clinical sign(s)** observed or recorded at the **first exam**, and all costs associated therewith, are automatically excluded from coverage.

VI. Limits of Insurance

- a. A **pet** less than six (6) years of age must have undergone a complete examination by a **veterinarian** within the twelve (12) months prior to the effective date of the **policy**, or within thirty (30) days following the effective date of the **policy**. A **pet** age six (6) years or older must have undergone a complete examination by a **veterinarian** within the thirty (30) days prior to the effective date of the **policy**, or within thirty (30) days following the effective date of the **policy**. **Your** failure to have a complete examination of **your pet** may void the **policy**. If voided, the **policy** premium will be refunded.
- b. Regardless of the number of claims made for covered **illnesses** or **injuries** that occur to **your pet** during the **policy period**, the total limit of insurance for each **policy period** for all covered costs shall not exceed the amount shown on the **declarations page** under **maximum annual benefit** for each coverage part.
- c. All benefits under this **policy** shall cease when **your policy** terminates.

VII. General Conditions

1. ELIGIBILITY

This **policy** is issued in consideration of:

- a. The **policy** application completed by or on behalf of **you**, a copy of which is attached hereto and made a part hereof.
- b. The completed **declarations page** containing **your policy** choices and other information, a copy of which is attached hereto and made a part hereof.
- c. **Your** payment of premium in the amounts and at the times as stated on the **declarations page**.

2. YOUR DUTIES AFTER LOSS

If **your pet** suffers an **illness** or **injury** that may be covered by this **policy**, **you** must:

- a. Visit a veterinary clinic within forty-eight (48) hours after first noticing **clinical sign(s)** relating to an **illness** or **injury**.
- b. Complete and send to us a completed claim form describing the **illness** or **injury** as soon as practicable but no later than ninety (90) days after the end of the **policy period**. This form must list the following information:
 - i. **Your** name.
 - ii. The description of **your pet**.
 - iii. **Your** policy number.
 - iv. Description of claimed **illness** or **injury**.

You may also submit claims electronically through **our** online claims submission process.

- c. Provide us with copies of invoices from the treating veterinary facility showing:
 - i. The **treatments** administered.
 - ii. The fees charged.
 - iii. Proof of payment (i.e. receipt and/or invoice showing zero balance due).
- d. Provide **us** with copies of invoices and proof of payment for prescribed medications.
- e. Otherwise cooperate with **us** in the investigation of any claim which includes providing a complete medical history for **your pet**. Failure to comply with these conditions may result in a claim not being covered.

3. PAYMENT OF LOSS

Once **you** have provided the written notice and other specified information to **us**, **we** will determine whether the **illness** or **injury** is covered by this **policy**. **We** will compute any applicable **co-pay** and **deductible(s)**. **We** will then make **our** reimbursement to **you** within thirty (30) days from **our** receipt of all required information. A statement showing the basis for **our** reimbursement will be available through **your** online account or upon request. This will include the effect of the **co-pay** and **deductible** calculations, deducted non-coverable items and any **maximum annual benefits**, if applicable.

Reimbursement of one claim does not guarantee **we** will reimburse additional claims. If **we** reimburse **you** for a claim contrary to this **policy's terms and conditions**, that reimbursement does not waive **our** rights to apply the **policy's terms and conditions** to any reimbursement or future claim.

We cannot pre-authorize or guarantee coverage of a claim by telephone. For preauthorization of a **treatment**, **you** must complete a Preauthorization Form, available by request or through **your** online account.

4. AGE OF YOUR PET

- a. If **you** do not know the exact date of birth of **your pet**, **we** will use the average of the estimates of **your pet's** age as referenced in **your pet's** medical records from the veterinary clinics and shelters.
- b. If **you** are renewing a **policy** for a dog age eight (8) years or older (five (5) years or older for **select breeds**) or a cat age ten (10) years or older, **you** must follow **your veterinarian's** advice with regards to senior wellness testing.

5. CONDITION OF YOUR PET

In order to assess a claim **we** require full medical records from any **veterinarian** who has treated **your pet**.



6. CARE FOR YOUR PET

- a. In consideration of the premium charged, it is hereby understood and agreed that, as a condition of this insurance, **you** must take care of **your pet** and arrange and pay for **your pet** to have the following:
 - i. An annual health check.
 - ii. An annual dental exam.
 - iii. Any **treatment** normally suggested by a **veterinarian** to prevent **illness** or **injury**.
- b. If **your pet** has not been examined by a **veterinarian** within the twelve (12) months prior to the effective date of the **policy** (thirty (30) days for pets age six (6) years or older) **you** must arrange to have **your pet** examined at **your** own expense within thirty (30) days of the effective date of this **policy**. Any **medical condition(s)** or **clinical sign(s)** observed or recorded during the **first exam**, and all costs associated therewith, are automatically excluded from coverage. Additionally, any conditions that are related to, caused by, or resulting from **medical condition(s)** or **clinical sign(s)** observed or recorded at the **first exam** performed after the effective date of the **policy** are also excluded from coverage. This section applies to both new policies and continuous policy years where **your pet** has not received the care described in Section VII.6.a. For the avoidance of doubt; if **your pet** does not receive its annual health check during a period of continuous coverage, the next examination will be used as the basis for determining any conditions which will be excluded from coverage.
- c. To be afforded coverage for the diseases listed below, **you** must keep **your pet** vaccinated at **your** expense, as recommended by **your veterinarian**. **We** will not reimburse **you** for any claims that result from or are related to any **illness** that is listed below that a **veterinarian**-recommended vaccine would have prevented.

Dogs:

 - i. Canine distemper.
 - ii. Canine adenovirus 2 (canine viral hepatitis).
 - iii. Canine parainfluenza.
 - iv. Canine parvovirus.
 - v. Leptospirosis.
 - vi. Rabies.

Cats:

 - i. Feline viral rhinotracheitis.
 - ii. Feline calicivirus.
 - iii. Feline panleukopenia.
 - iv. Feline leukemia virus.
- d. **You** must take **your pet** to be examined and treated by a **veterinarian** within forty-eight (48) hours after first noticing **clinical sign(s)** relating to an **illness** or **injury**.
- e. In support of **your** care for **your pet**, **we** may, from time to time, offer wellness materials or programs to **you** and **your pet**.

7. CONCEALMENT, MISREPRESENTATION OR FRAUD

This **policy** is void in any case of fraud by **you** at any time as it relates to this **policy**. It is also void if **you** at any time intentionally conceal, misrepresent or exaggerate a material fact concerning:

- a. this **policy**.
- b. **your pet**, or
- c. a claim under this **policy**.

8. COOPERATION, INFORMATION AND EXAMINATION

You agree that any **veterinarian** who has treated **your pet** has **your** permission to release any information **we** may ask for about **your pet**. **You** further agree that **we** have the right to have **your pet** examined by a **veterinarian** of **our** choosing



at **our** own expense. In the event of any disagreement in the diagnosis of **your pet's** condition(s) or **treatment(s)** between **you** and **our veterinarian**, an independent **veterinarian** mutually agreed upon by both parties will be appointed. Written agreement signed by any two of these three will be binding subject to **our** mutual agreement. The costs incurred by the independent **veterinarian** are shared equally by both **you** and **us**.

9. TRANSFER OF YOUR RIGHTS AND DUTIES

You must be the owner of the **pet**. If ownership of the **pet** transfers to another individual, coverage may be continued without interruption, if approved in writing by **us** upon **our** receipt of proof of transfer of ownership and continued payment of premium.

10. CHANGING YOUR LEVEL OF COVERAGE

You may apply to decrease **your maximum annual benefit** or increase **your deductible** and/or **your co-pay** at any time during the **policy period**. This request must be made in writing. The request will become effective on the first day of the month following approval.

You may apply to increase **your maximum annual benefit** or decrease **your deductible** and/or **your co-pay**, once a year at renewal, provided that **you** have not previously filed a claim with **us**. This request must be in writing and will become effective upon renewal following approval.

A new **declarations page** or a change endorsement indicating **your** new level of coverage may be issued on approval. Any **exclusion(s)** already on the **policy** will carry over.

VIII. Other Terms and Conditions

1. LEGAL ACTIONS

No one may bring a legal action against **us** until there has been full compliance with all the terms of this **policy**. No action at law or in equity shall be brought to recover on this **policy** prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this **policy**. **You** will have three (3) years from the time written proof of loss is required to be furnished to take legal action against **us** with respect to recovery of a claim under this **policy**.

2. APPEALS

In the event of any disagreement regarding the outcome of a claim, **you** may appeal to have **your** claim undergo Internal Review. All requests to appeal **your** claim must be made in writing to **us** within ninety (90) days of the denial of **your** claim by **us**. Any submitted appeal should state clearly why **you** or **your veterinarian** disagrees with the initial determination, along with any supporting documentation.

Internal Review

Your claim will be reviewed by one of **our** claims specialists in collaboration with a claims manager and **our veterinarian**, when applicable. A written notice of the outcome of the Internal Review will be sent to **you**. If the original claims decision is upheld based on the Internal Review, the written notice will cite the specific reasons for the decision, citing the relevant sections of this **policy**.

3. OUR RIGHT TO RECOVER PAYMENT

- If **we** make a payment under this **policy** and **you** have the right to recover damages from another for the same transaction or condition, **we** shall be subrogated to that right. **You** agree to cooperate with us in **our** subrogation effort.
- If there is other valid coverage, not with us, providing benefits for the same loss and of which **we** have not been given written notice prior to the condition or commencement of loss, **we** may assert a right of contribution. **You** agree to assist us in **our** effort to obtain contribution.
- If any claim under this **policy** is eligible for coverage or reimbursement by any other insurance, this **policy** shall be deemed excess insurance. Reimbursement under this **policy** will only be available once limits for benefits under any other **policy** have been exhausted. It is **your** responsibility to notify **us** if other insurance is in effect. Failure to do so will be deemed concealment or misrepresentation and may void coverage (see also Section VII. 7.).

4. ENTIRE POLICY

This **policy** contains all the agreements between **you** and **us**. The terms of this **policy** may not be changed or waived except by an endorsement issued by **us** and made a part of this **policy**.

5. CONFORMITY TO STATE STATUTES

When this **policy's** provisions are in conflict with the statutes of the state in which this policy is issued, the provisions are amended to conform to such statutes.

6. CANCELLATION AND NONRENEWAL

- a. **You** may cancel this **policy** at any time by returning it to **us** or by notifying **us** in writing of the effective date of the future cancellation. If **you** notify **us** within the first thirty (30) days from the effective date shown on the **declarations page**, and **you** have not submitted any claim against this **policy**, **we** will refund the entire premium. After thirty (30) days, **we** will return the pro rata premium based upon the date of termination of this **policy**.
- b. **We** may cancel this **policy** (or any renewal of this **policy**) if **you** fail to pay the premium when due. In such a case, a written notice will be sent to **you** at **your** address shown on the **declarations page**, providing at least fifteen (15) days' notice of **our** intent to cancel. Otherwise, **we** may cancel this **policy** by providing **you** at least thirty (30) days' written notice.
- c. **We** may cancel the **policy** (or any renewal of this **policy**) due to the following:
 - i. A loss of or substantial decrease in reinsurance.
 - ii. **Your** material failure to comply with **policy terms and conditions**.
 - iii. A substantial change in the condition, factor or loss experience material to insurability (except that a material change in the covered pet's health does not constitute a change that would provide grounds for cancellation of the **policy**).
 - iv. **You** fail to send **us** relevant information in respect to a claim.
 - v. **You** materially misrepresent or exaggerate relevant information pertaining to this **policy** or a claim.
- d. **We** may elect not to renew this **policy** on the expiration date (for any of the reasons stated in Section VIII.6.c above). **We** may do so by mailing to **you** at **your** address shown on the **declarations page**, written notice at least sixty (60) days prior to the expiration date. A decision to not renew a **policy** will not be made based on a pet's medical history or claims activity.
- e. **We** will automatically renew **your policy** at expiration, unless **you** are otherwise notified of nonrenewal. **We** may change the premium, **co-pay** amounts, **deductible(s)** and **policy terms and conditions** at renewal. **You** will be notified of changes in writing.
- f. In the event of cancellation of this **policy**, **we** will promptly return to **you** the unearned portion of any premium paid. Cancellation shall be without prejudice to any claim occurring prior to the effective date of cancellation.

7. PROMOTIONAL OFFERS

Each named insured may receive from time to time certain promotional offers. These offers include but are not limited to gift cards, coupons, gift certificates, items of merchandise, and similar promotional items. But in no event will promotional items exceed a value of \$35.00.

8. LIBERALIZATION

If **we** adopt any revision which would broaden the coverage under this **policy** within sixty (60) days prior to or during the **policy period**, with no adjustment of premium, the broadened coverage will immediately apply to this **policy**.

9. CLAIM FORMS AND PROOF OF LOSS

Failure to furnish proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, given that such proof is furnished as soon thereafter as reasonably possible.

10. UNPAID PREMIUMS

Upon the payment of a claim under this **policy**, any premium that is due and unpaid or covered by any note or written order may be deducted from the claim.

11. ELECTRONIC DELIVERY

It is agreed that, unless otherwise notified by **you**, all documents and communications regarding this **policy** and any notices may be delivered to **you** by electronic mail using the email address associated with **your** policyholder account, except documents required to be delivered by another method. It is further agreed that it is **your** responsibility to keep **your** contact details, including email, telephone and postal address, current and correct.