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A. Definitions

Throughout this certificate, words that appear in bold face type have special meaning. They are defined as follows:

1. **You** or **Your** refer to the Named Insured shown on the Declarations page.
2. **We**, **us**, and **our** refer to the Company.
3. **Illness** means any sickness, disease or medical condition not caused by an accident or injury which first manifests itself after the waiting period described below.
4. **Injury** means bodily harm caused by an accident occurring while this certificate is in force.
5. **Veterinarian** means any duly licensed veterinarian in the United States and Canada.
6. **Your pet** means the dog or cat as described on the Declarations page.
7. **Genetic disorder** means a condition that is inherited by **your pet** or was present at the birth of **your pet**.
8. **Reasonable costs** means the customary fee charged for a given treatment or procedure within the geographic area in which the fee is incurred. This geographic area is indicated by a zone number and is shown on the Declarations Page. This zone number is used to determine **your** deductible and co-payment.
9. **Preventive care** means any treatment, service or procedure including physical examinations, medications, surgery, inoculations, laboratory procedures or other diagnostics for the purpose of the prevention of **illness** or promoting general health where there has been no **occurrence**.
10. **Occurrence** means the first manifestation of an **illness** or **injury** that was or should have been diagnosed by a **veterinarian**.
11. **Dental service** means any treatment, service, or procedure including medications, surgery, laboratory, and diagnostic test associated with the teeth and gums of **your pet**. This includes and is not limited to abscessed, diseased, or deciduous teeth, gingivitis, periodontal diseases, orthodontics, endodontics, caps, crowns, and fillings.
12. **Certificate Period** is the coverage date to and from as shown on the Declaration page.
13. **Humane Reason** means **your pet** was put to sleep because it was suffering.
14. **Purchase price** means the expense **you** originally incurred to acquire **your pet**.
15. **Act of god** means the natural occurrence beyond human control or influence. Such acts of nature include hurricanes, earthquakes, and floods.

B. Insuring Agreement

In reliance on the statements **you** made to **us** in the Declarations and Application, **we** agree to provide the insurance described in this certificate. In return, **you** must pay the premium and comply with the certificate terms.

Various provisions in this certificate restrict coverage. **Read the entire certificate carefully to determine rights, duties and what is and is not covered.**

C. Waiting Period

There is a thirty (30) day waiting period after the effective date of this certificate during which **we** will not cover any **illness** to **your pet**. This thirty (30) day waiting period will not apply to any renewal of this certificate if continuous coverage is maintained. Coverage for **injury** to **your pet** will begin on the effective date of this certificate.

D. Covered Veterinary Expenses

Except as stated elsewhere in this certificate, **we** will pay the **reasonable costs you** incur for **veterinarian** fees as the result of **illness** or **injury** to **your pet** that occurs during the **Certificate Period**. These fees may include costs for:

1. Therapeutic medications (drugs) prescribed by a **veterinarian** to treat an **illness** or **injury**;
2. X-rays, diagnostic procedures, and laboratory tests necessary to diagnose or treat an **illness** or **injury**;
3. Necessary surgical treatment for an **illness** or **injury**;
4. Necessary confinement of **your pet** at a **veterinarian's** premises or hospital while **your pet** is receiving treatment for an **illness** or **injury**;
5. Extraction of teeth as a result of a **injury**;
6. Euthanasia of **your pet** when **you** and the **veterinarian** agree that it is required for **humane reasons** resulting from an **illness** or **injury**.

E. Veterinary Expenses Not Covered

We will not pay for costs **you** incur for:

1. **Preventive care** or routine check-ups including but not limited to pre-surgical tests or procedures, dental cleaning or scaling, flea and heartworm preventive medications;
2. Pre-existing or recurring **illness** or **injury** which existed prior to the **Certificate Period** effective date of this certificate unless there has been a period of one-hundred eighty (180) days since its diagnosis, cure and final treatment;
3. Special diets, foods or supplements;
4. Costs arising out of or are related to breeding, pregnancy, whelping or nursing of **your pet**;
5. Holistic, homeopathic, herbal, acupuncture or rehabilitative treatments;
6. Experimental or investigational procedures and treatments, either surgical or medical;
7. Organ transplants;
8. Behavioral consultations, problems and treatment;
9. Grooming or grooming supplies including but not limited to nail trims and routine anal gland expression;
10. Flea, heartworm or other parasitic preventive treatments;
11. Elective procedures including but not limited to docking of tails, removal of dewclaws, removal of eyelashes, cropping of ears or declawing;
12. Time and travel expenses to the **veterinarian's** premises or hospital;
13. Costs for **illness** or **injury** which arise out of racing, coursing, commercial guarding or organized fighting of **your pet**;
14. Intentional **injury** to **your pet** by **you** or a member of **your** household;
15. Diagnosis and treatment of any **genetic disorder** of **your pet** or conditions directly caused by such defect;
16. Health certificates or vaccination tags.
17. **Dental services** associated with an **illness** or **injury**;
18. Costs to spay or neuter **your pet**.

F. Veterinary Expense Deductible and Co-payment

From the total of all covered costs that occur during the **Certificate Period** of this certificate, **we** shall deduct the amount shown in the Declarations as deductible. This deductible will be applied once in each **Certificate Period** to all covered costs occurring during the **Certificate Period**.

Once **you** have paid the deductible, **you** share a part of each claim with **us**. This is referred to as **your** co-payment. **We** will pay the percent of **reasonable costs** for each covered claim up to the limit of liability as shown in the table below under insurer responsibility. **Your** share will be the percent of each covered claim shown in Declarations page as **your** co-payment percentage. The table below shows the change in **your** deductible and co-payment by zone as **your pet** ages.

Deductible and Co-payment Table

		Dollars represent your deductible and Percentages represent your co-payment		
Your Pet	<u>Age</u>	<u>Zone 0</u>	<u>Zone 1</u>	<u>Zone 2</u>
	7 years or less	\$100 / 20%	\$100 / 20%	\$100 / 20%
	8 years	\$110 / 20%	\$115 / 20%	\$120 / 20%
	9 years	\$120 / 20%	\$125 / 20%	\$130 / 20%
	10 to 13 years	\$150 / 30%	\$160 / 30%	\$170 / 30%
	13 years and older	\$200 / 30%	\$200 / 35%	\$200 / 40%

Your zone number is shown on the Declarations Page.
Age is determined by the calendar year in which **your pet** was born regardless of month.

G. Veterinary Expense Limit of Liability

Regardless of the number of claims made for covered **illness or injuries** that occur during the **Certificate Period**, **our** total liability for all covered costs that result from one **illness or injury** shall not exceed the amount shown on the Declarations page as "Limit Per **Illness or Injury**". The most **we** shall pay during the **Certificate Period** for all covered costs that result from **illnesses or injuries** shall not exceed the amount shown on the Declarations page as "Certificate Limit". All benefits under this certificate shall cease when this certificate terminates.

H. Veterinary Expense Loss Conditions

If **your pet** suffers an **illness or injury** that may be covered by this certificate, **you** must do the following:

1. Send written notice to **us** of the loss within thirty (30) days after the first treatment of **your pet**. The notice must list **your** name, the name/description of **your pet**, and **your** certificate number as shown on **your** Declarations Page.
2. Provide **us** with copies of invoices from **your veterinarian** showing the fees charged and the reason for treatment.
3. Provide **us** with the name and address of the attending **veterinarian**.
4. Provide **us** with proof of identity of **your pet** as **we** may require.
5. The **veterinarian** may, if **you** choose, supply the required information to **us** on **your** behalf.

Once **you** have provided the written notice to **us** and the **illness or injury** is covered by this certificate, **we** will reimburse **you** the percent of the covered costs after **you** have paid the certificate deductible. **We** will make the reimbursement to **you** within thirty (30) days from receipt of all required information. If the attending **veterinarian** provides the notice on **your** behalf, **we** will make payment directly to the **veterinarian**.

I. General Conditions

Certificate Period and Territory - This certificate only applies to loss, which occurs and is treated, within the United States, its territories and possessions and Canada, while this certificate is in effect. There is no coverage for treatments, which take place outside the above territory. This certificate takes effect on the date shown in the Declarations Page subject to any required **waiting period**.

Other Insurance - If both this insurance and other insurance apply to a loss, **we** will pay **our** share. **Our** share will be that share of the total loss that the limit of liability under this certificate bears to the total limits of all valid and collectable insurance.

Condition of Your Pet - In the original Application for this insurance, **you** represented that **your pet** described in the Declarations page was in good health and free of **illness** or **injury** as of the effective date of this certificate.

Change of Ownership - Coverage for **your pet** will cease if ownership of **your pet** is transferred by agreement or law.

Entire Certificate - This certificate, the Declarations Page and any signed and attached endorsements, contain all the agreements between **you** and **us**. Its terms may not be changed or waived except by an endorsement issued by **us** and made a part of this certificate.

J. General Conditions (continued)

Conformity to State Statutes - When this certificate's provisions are in conflict with the statutes of the state in which this certificate is issued, the provisions are amended to conform to such statutes.

Cancellation and Non-renewal - **You** may cancel this certificate at any time by returning it to **us** or by notifying **us** in writing of the future date cancellation is to take effect. 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 certificate, **we** will refund the Premium. After thirty (30) days, **we** will return the short rated or pro rata Premium in accordance with **our** manual provided **you** have not submitted a claim against this certificate. However if a claim has been submitted, the premium for this **certificate period** shall be fully earned by **us**.

We may cancel this certificate if **you** fail to pay the Premium when due. In such case, a written notice will be sent to **you** at **your** address shown on the Declarations page providing at least ten (10) days notice of **our** intent to cancel.

Otherwise, **we** may cancel this certificate by providing **you** at least thirty (30) days written notice. **We** will return the pro rata portion of the premium based upon the date of termination of this Certificate.

We may elect to non-renew this certificate on the expiration date. **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.

Action Against Us - No action can be taken against **us** unless **you** have complied with all of the terms and conditions of this certificate and until thirty (30) days after proof of loss is filed and the amount of loss is determined as provided in this certificate. **You** will have thirty-six (36) months from the date of loss to take legal action against **us** with respect to recovery of a claim under this certificate.

IN WITNESS WHEREOF, **we** have caused this certificate to be executed and attested, but this certificate shall not be valid unless countersigned in the Declarations page by one of **our** duly authorized representatives.

AUTHORIZED COMPANY REPRESENTATIVE

SAMPLE