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**INDEPENDENCE AMERICAN INSURANCE COMPANY**

**CompanionCare**

**Terms and Conditions**

**RIGHT TO EXAMINE AND RETURN A POLICY**

**You** have 15 days from the day **You** receive this **Policy** to review it and return it to the company if **You** decide not to keep it. **You** do not have to tell the company why **You** are returning it. If **You** decide not to keep it, simply return it to the company at its administrative office or **You** may return it to the insurance producer that **You** bought it from as long as **You** have not filed a **Claim**. **You** must return it within 15 days of the day **You** first received it. The company will refund the full amount of any premium paid within 30 days after it receives 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.

**DISCLOSURE OF AVAILABILITY OF ASSISTANCE**

**State of Maine**

Department of Professional & Financial Regulation

Bureau of Insurance

#34 State House Station

Augusta, ME 04333-0034

Toll-Free Telephone Number: (800) 300-5000

Website Link: <https://www.maine.gov/pfr/insurance/home>

**Independence American Insurance Company**

11333 North Scottsdale Road, Suite 160

Scottsdale, AZ 85254

**Administrator's Customer Service Toll-Free Telephone Number:**

Contact PetPartners, Inc., at 1 (866) 774-1113

**Administrator's Website Link:**

<https://www.petpartners.com>

## 1. Insuring Agreement

In return for receiving **Your** payment of premium when due, **We** will provide insurance for **Your Pet(s)** as detailed in the **Policy** terms and conditions. This agreement also includes the **Declarations Page** and any endorsements.

## 2. Definitions

Defined terms are in bold print throughout the **Policy** for ease of reading.

- a. **Accident** means a sudden and unpreventable event that causes physical **Injury** to **Your Pet(s)**.
- b. **Alternative Therapies** means **Treatment** that does not generally fall within the realm of conventional veterinary medicine as used by the American Association of Rehabilitation Veterinarians (AARV). These therapies include, but are not limited to, holistic, acupuncture and chiropractic **Treatment**, performed by a **Veterinarian** or a veterinary staff member under the direct supervision of a **Veterinarian**.
- c. **Annual Limit** means the maximum amount **We** will reimburse **You** for all **Covered Expenses** during a **Policy** year. **Your Annual Limit** is shown on the **Declarations Page**.
- d. **Behavioral Problems** means manifestations of a **Pet** exhibiting abnormal responses to stimuli, not caused by an underlying medical condition, including but not limited to, aggression, anxiety and destructive and/or compulsive behavior.
- e. **Bilateral Condition** means a condition or disease that affects both sides of the body (examples: cruciate ligament, cherry eye, and lameness).
- f. **Chronic Condition** means a condition that can be treated or managed, but not cured.
- g. **Coinsurance** means **Your** portion of **Covered Expenses** after the **Deductible** is met. **Your Coinsurance** amount is shown on the **Declarations Page**.
- h. **Complementary Therapies** means non-prescription **Treatment(s)** that are used alongside conventional medical therapies and have been prescribed by a **Veterinarian**. They are available from health shops, supermarkets, and pharmacies. Most of these **Treatments** are available for purchase over the counter.
- i. **Congenital Anomaly or Disorder** (also **Congenital Condition**) means a condition that is present from birth, whether inherited or caused by the environment, which may cause or contribute to illness or disease.
- j. **Coverage Period** means the time period specified on the **Declarations Page** beginning on the effective date and ending on the expiration date. For purposes of this **Policy**, a date begins immediately after midnight in the local time zone of the **Policyholder**, and a date ends exactly at midnight in the local time zone of the **Policyholder**.
- k. **Covered Expenses** means the **Veterinary Expenses** for **Medically Necessary Treatments** provided by **Your Veterinarian** during the **Coverage Period** that are eligible for reimbursement under this **Policy**.
- l. **Declarations Page** means the page(s) sent to **You** with specific information about the **Policy** regarding **Coverage Period**, coverages, limits of liability and premiums.
- m. **Deductible** means the annual amount of **Covered Expenses** that must be paid by **You** for each **Pet** before **We** will pay a claim for **Covered Expenses**. **Your Deductible** is shown on the **Declarations Page**.
- n. **Dietary Indiscretion** describes gastrointestinal upset that occurs when a **Pet** ingests something its body cannot tolerate, including but not limited to, consumption of table scraps, garbage, or spoiled food. **We** consider this an **Illness**.
- o. **Foreign Body Ingestion** means the ingestion of a non-edible/non-digestible object(s) originating outside the body and ingested into the mouth and through the gastrointestinal tract leading to an obstruction or passing an item(s) on their own. **We** consider this an **Accident**.
- p. **Illness** means physical disease, sickness, infection, condition, or failure, regardless of cause.
- q. **Incident** means a specifically identifiable **Illness** or **Injury**. An **Incident** may include multiple diagnoses when they are secondary or related. If an **Incident** is recurring or **Chronic**, it will be considered one (1) **Incident**.
- r. **Hereditary Disorder** means an abnormality that is genetically transmitted from parent to offspring and may cause **Illness** or disease.
- s. **Injury** means physical damage caused by an **Accident**.
- t. **Medically Necessary** means medical services, supplies or care provided to treat covered **Pet(s)** which are:
  - i. consistent with **Symptoms** or diagnoses.
  - ii. accepted as good veterinary practice standards.
  - iii. not for the ease or at the request of the **Pet(s)** owner, **Veterinarian**, or other providers.
  - iv. consistent with proper supply or level of services which can be safely provided to the **Pet(s)**.
- u. **Medical Waste Fees** mean the charges associated with the disposal of medical, surgical, or chemotherapeutical waste.
- v. **Onset** means the beginning or first appearance of the signs or **Symptoms** of an **Illness** or **Injury**.

- w. **Orthopedic** refers to conditions affecting the bones, skeletal muscle, cartilage, tendons, ligaments, and joints, including, but not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and cranial cruciate ligament ruptures but not including cancers or metabolic, hemopoietic or autoimmune disease.
- x. **Per Incident Limit** is the maximum **We** will reimburse **You** for a **Covered Expense** for each **Incident** with an **Onset** date within the **Coverage Period**. Any applicable **Per Incident Limit** is shown on the **Declarations Page**. **Per incident Limits** do not reset at **Renewal** or with changes to coverage.
- y. **Pet(s)** refers to the covered animal(s) listed on the **Declarations Page**.
- z. **Pet Ambulance** means a **Pet** medical transportation service vehicle equipped with stretchers, hydraulic tables, oxygen, and a driver and/or veterinary technician.
- aa. **Pet Insurance** means property insurance that provides coverage for **Accidents** and **Illnesses** of pets.
- bb. **Pet Original Start Date** means the effective date when the **Pet** was first covered by a **Policy** administered by **Us** or **Our** authorized administrator, unless otherwise stated on the **Declarations Page**.
- cc. **Policy** means the terms and conditions and most recent **Declarations Page** which includes any forms and endorsements that apply.
- dd. **Pre-existing Condition** means a condition for which any of the following are true prior to the **Pet Original Start Date** under this **Policy** or prior to the end of any applicable **Waiting Period**:
  - i. A **Veterinarian** provided medical advice regarding the condition;
  - ii. The **Pet** received previous treatment for the condition; or
  - iii. Based on information from verifiable sources, the **Pet** had signs or **Symptoms** directly related to the condition for which a claim is being made.
- ee. **Prescription Medication** means any medicine that is dispensed from a **Veterinarian** pharmacy or with a written prescription from a **Veterinarian** that may only be filled at a pharmacy.
- ff. **Preventive Care** means **Treatment** intended for the prevention of an **Illness** or **Injury**.
- gg. **Renewal** means to issue and deliver at the end of this **Pet Insurance Policy** a policy that supersedes a policy previously issued and delivered by **Us**, or an affiliated insurer, and that provides types and limits of coverage substantially similar to those contained in the policy being superseded.
- hh. **Symptoms** means the first departure from normal function or feeling which is noticed by **You** or **Your Veterinarian**, reflecting the presence of an **Illness** or **Injury**.
- ii. **Treatment** means any test, x-ray, medication, surgery, hospitalization, nursing, and care provided or prescribed by a **Veterinarian** to treat a covered **Illness** or **Injury**. **Treatment** must be performed by, or under the supervision of, a licensed **Veterinarian** to be considered for eligibility.
- jj. **Veterinarian** means an individual who holds a valid license to practice veterinary medicine from the appropriate licensing entity in the jurisdiction in which the individual practices.
- kk. **Veterinary Expenses** means the costs associated with medical advice, diagnosis, care, or **Treatment** provided by a **Veterinarian**, including, but not limited to, the cost of drugs prescribed by a **Veterinarian**.
- ll. **Waiting Period** means the period of time specified in this **Pet Insurance Policy** that is required to transpire before some or all of the coverage in the **Policy** begins. Any applicable Waiting Periods will be shown on Your Declarations Page.
- mm. **We/Us/Our** (also **Insurer**) means Independence American Insurance Company or our administrator.
- nn. **You/Your** (also **Policyholder**) means the person named in the **Declarations Page**.

### 3. What is Covered

After satisfying the annual **Deductible** indicated on the **Declarations Page**, **We** will reimburse **You** in accordance with **Your Policy**, less any limitations and exclusions, the amount after the **Coinsurance** is applied for eligible **Covered Expenses** that are **Medically Necessary** to treat or diagnose a current covered **Incident** showing **Symptoms** during the **Coverage Period** but after the **Waiting Period**, including but not limited to:

- a. Laboratory tests, x-rays, ultrasound, MRI, and CT scans.
- b. Surgery.
- c. Hospitalization.
- d. **Prescription Medication** that is prescribed by a **Veterinarian**.
- e. Extractions to permanent broken teeth due to an **Accident**.
- f. Chemotherapy.
- g. Hydrotherapy and Physical Therapy.
- h. Emergency ground **Pet Ambulance** transportation in the case of an emergency.

- i. Euthanasia when advised by a **Veterinarian** to alleviate suffering.
- j. Routine anal gland expression performed by or under the direction of a **Veterinarian** up to the maximum number of services per year as shown on the Declarations Page.

Regardless of the number of claims made during the period of insurance, **Our** total liability of insurance for each **Pet** for all **Covered Expenses** will not exceed the amount shown on the **Declarations Page** under the **Annual Limit**, subject to **Coinsurance** and **Deductible** requirements and **Per Incident Limits**.

#### 4. **Waiting Periods for Coverage**

Any applicable **Waiting Period** begins on the **Pet's Original Start Date**. Once an applicable **Waiting Period** has expired, as calculated from the **Pet's Original Start Date**, additional **Waiting Periods** are waived for subsequent **Coverage Periods**, provided You maintain an active **Policy**, with no gap in coverage, and no substantial change in coverage, which is continuously in-force and **Renewed** annually.

This **Policy** includes **Waiting Periods** for the following:

1. **Illnesses.**
2. **Orthopedic Illnesses.**
3. **Hereditary Disorders and Congenital Anomalies and Disorders**, if **Your** coverage includes HereditaryPlus coverage.
4. Any **Illness** related to breeding, pregnancy, whelping, and nursing, if **Your** coverage includes Breeding coverage.
5. **Alternative Therapies, Complementary Therapies**, and diagnosis and **Treatment of Behavioral Problems**, if **Your** coverage includes AlternativePlus coverage.

All applicable **Waiting Periods** will be shown on **Your Declarations Page**.

This **Policy** does not apply any **Waiting Periods**:

1. to **Injuries** sustained in an **Accident**.
2. to **Orthopedic Injuries** sustained in an **Accident**.
3. upon **Renewal** of existing coverage.

#### 5. **Waiting Period Waiver**

One or all of the applicable **Waiting Periods** can be waived. A **Veterinarian** must conduct a full and complete veterinary examination within 7 days of the **Pet's Original Start Date**. This veterinary examination must be paid for by **You** and is not eligible for coverage under this **Policy**. The examining **Veterinarian** must fully complete **Our** Waiting Period Waiver Form. The Waiting Period Waiver Form is available from **Us** upon request.

The Waiting Period Waiver Form must be completed and signed by the examining **Veterinarian** and subsequently submitted to **Us** within 7 days of the **Pet Original Start Date** in order to be considered by **Us** for waiver of an applicable **Waiting Period**. Within 30 days of **Our** receipt of the Waiting Period Waiver Form, **We** will advise **You** of **Our** decision to either waive one or both of the **Waiting Periods** for the **Pet**, or not to waive either of the **Pet's** applicable **Waiting Periods**.

#### 6. **Credit for Prior Coverage**

If **Your Pet** was previously covered under an Independence American Insurance Company group **Pet Insurance Policy** that was in effect immediately before the effective date of this **Policy**, credit toward satisfying any applicable **Waiting Periods** will be applied for the period of time the **Pet** was covered under the prior group **Pet Insurance** policy. Submission of the prior policy's declarations page and the verification of premiums paid through payroll deduction may be required.

#### 7. **Exclusions**

- a. **Pre-existing Conditions**. This exclusion expires on the date after coverage has been continuously in effect for three hundred and sixty-five (365) days from the **Pet Original Start Date**.
- b. **Veterinary Expenses or Treatment** related to, provided in connection with, or resulting directly or indirectly from, a **Pre-Existing Condition**. This exclusion expires on the date after coverage has been continuously in effect for three hundred and sixty-five (365) days from the **Pet Original Start Date**.

- c. **Veterinary Expenses or Treatment** related to **Bilateral Conditions of Pre-Existing Conditions**. This exclusion expires on the date after coverage has been continuously in effect for three hundred and sixty-five (365) days from the **Pet Original Start Date**.
- d. Physical examination including costs and/or fees for telephone consultation unless **You** purchase optional ExamPlus coverage.
- e. **Treatment** that has been pre-paid but not yet performed.
- f. **Treatments** or diagnostics of an **Illness, Injury**, or service excluded by the **Policy** as well as secondary complications from such excluded **Illness, Injury**, or service. Secondary complications include but are not limited to an **Illness or Injury** caused by an uncovered condition or the **Treatment** of an uncovered condition.
- g. Intentional, neglectful, or preventable acts caused by **You**, a member of **Your** household, or any other person that has care, custody, or control of **Your Pet(s)** that result in **Illness or Injury to Your Pet(s)**.
- h. **Veterinary Expenses** arising from **Treatment** performed by **You**, a member of your household, or a member of **Your** immediate family, regardless of whether the person performing services holds a valid license to practice veterinary medicine from an appropriate licensing entity. For purposes of this exclusion, a member of **Your** immediate family includes **You**: spouse or domestic partner; child; adopted child; siblings or stepsiblings; parent or stepparent; grandparent; and grandchild.
- i. Elective, cosmetic, grooming, bathing, and nail clipping, including any **Illness or Injury** that results from these services.
- j. Fees to diagnose or treat any **Illness or Injury** related to breeding, pregnancy, whelping, and nursing, unless **You** purchase optional Breeding coverage.
- k. Any conditions related to teeth including but not limited to gingivitis, periodontal disease, root canals, caps, crowns, vital pulpotomies, deciduous teeth, and diseased and abscessed teeth (except **Medically Necessary** extractions for permanent broken teeth due to an **Accident**). This exclusion also applies to the cost of dental cleaning, unless **You** purchase optional Defender or DefenderPlus coverage.
- l. **Preventive Care** including, but not limited to, annual exams, preventive **Treatment**, vaccinations, flea control, and other parasite prevention, unless **You** purchase optional Defender or DefenderPlus coverage.
- m. Spaying or neutering, regardless of whether it is Medically Necessary), unless **You** purchase optional DefenderPlus coverage.
- n. All diets and **Pet** food whether prescribed or not. This exclusion does not apply to Y/D made by Hills Prescription Diet which is used to treat hyperthyroidism in cats, that is eligible for coverage when being used as the sole **Treatment** of the condition.
- o. More than one (1) **Illness or Injury** for the life of a **Pet** arising from a repetitive and specific activity or similar activity that has previously occurred and displayed the propensity for this activity to happen again and cause **Illness or Injury to Your Pet(s)**. Examples include, but are not limited to, **Foreign Body Ingestion**, dogfights, and toxin ingestion.
- p. Diagnostics or **Treatment** for internal or external parasites and any secondary **Illness or Injury** that may arise including, but not limited to, fleas, ticks, giardia, heartworms, and roundworms.
- q. Air ambulance and non-emergency **Pet Ambulance** transportation.
- r. Experimental, investigational **Treatment**, organ and tissue transplants, or prosthesis.
- s. Veterinary package discount cost, sales tax, **Medical Waste Fees**, veterinary administrative fees, shipping fees, and postage fees.
- t. The cost of disposing of the remains of **Your Pet(s)** unless **You** purchase optional SupportPlus coverage.
- u. Cost of **Treatment** for any **Illness or Injury** arising from **Your** decision to not follow **Your Veterinarian's** advice including, but not limited to, **Illness** for which a vaccine is available.
- v. House calls by a **Veterinarian** unless **You** purchase optional ExamPlus coverage. Expenses for travel time, boarding costs, and/or transportation costs are not covered under this **Policy** or under the optional ExamPlus coverage, if purchased.
- w. Unless authorized by us, **Treatment** for conditions resulting from activities related to training or participating in track or sled racing, guard security, law enforcement, working, or organized fighting.
- x. **Illness or Injury** caused by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting the attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination; j) pandemic conditions; k) chemical, biological, biochemical or electromagnetic weapon; l) acts of foreign enemies; m) strikes; n) riots; o) civil commotion; p) epidemic; or q) avian or swine influenza or any mutant variation.
- y. **Treatment** for **Your Pet** being obese or overweight if not due to an underlying medical condition.
- z. **Congenital Anomalies or Disorders** unless **You** purchase optional HereditaryPlus coverage. In the event that the **Congenital Anomaly or Disorder** is also an **Orthopedic Illness**, such **Orthopedic Illness** is not eligible for coverage unless **You** purchase the HereditaryPlus coverage.
- aa. **Hereditary Disorders** unless **You** purchase the optional HereditaryPlus coverage. In the event that the **Hereditary Disorder** is also an **Orthopedic Illness**, such **Orthopedic Illness** is not eligible for coverage unless **You** purchase the HereditaryPlus

coverage.

- bb. Expenses for final respects, including but not limited to necropsy, cremation, urns, caskets, and burial unless **You** purchase optional SupportPlus coverage.
- cc. Expenses for **Alternative Therapies, Complementary Therapies, and Behavioral Problems** unless You purchase the optional AlternativePlus coverage.

**8. Optional Coverages**

If chosen by **You**, and shown as applicable on the **Declarations Page**, the following optional coverages apply separately to each **Pet** per **Coverage Period**. Some coverage options may be restricted by **Your Pets’** age at time coverage is elected. Some coverage options may include a separate **Waiting Period that applies separately to each Pet**. Any applicable **Waiting Periods** are shown on **Your Declarations Page**.

**Defender DefenderPlus**

We will reimburse **You**, if shown on the **Declarations Page**, for the **Preventive Care** listed below that **Your Pet(s)** receives from a licensed **Veterinarian** during the **Coverage Period**. Benefits will not exceed the **Maximum Allowable Limits** shown below. **Coinsurance** and **Deductible** do not apply to **Preventive Care**.

Our total liability of each **Pet** for each **Policy Year** is shown in the **Maximum Allowable Limits**.

**Preventive Care Benefit Schedule**

Preventive Care	Maximum Allowable Limits	
	Defender	DefenderPlus
Spay/Neuter or Teeth Cleaning*	\$0	\$150
Rabies Vaccine	\$15	\$15
Flea/Tick/Heartworm Prevention	\$80	\$95
Vaccination/Titer	\$30	\$40
Annual Preventive Care (Wellness) Examination	\$50	\$50
Heartworm Test or FELV (Feline Leukemia Virus) Screening	\$25	\$30
Blood. Fecal/Parasite Test	\$50	\$70
Microchip	\$20	\$40
Urinalysis or ERD Test (Early Renal Disease)	\$15	\$25
Deworming	\$20	\$20
Elective/Preventive Gastropexy	\$0	\$200

\*Benefits may be combined or separated up to the **Maximum Allowable Limits** shown.

**SupportPlus**

We will reimburse **You**, if shown on the **Declarations Page**, for the cost of final expenses for necropsy, cremation, and urns upon the death of each **Pet** covered for such costs incurred after the **Waiting Period** and during the **Coverage Period** up to a maximum benefit of three hundred dollars (\$300) subject to the **Annual Limit** amount. **Coinsurance** and **Deductible** do not apply to SupportPlus coverage.

**ExamPlus**

We will reimburse **You**, if shown on the **Declarations Page**, for the **Covered Expenses** that occur during the **Coverage Period** subject to **Policy** limits and exclusions including, but not limited to, **Coinsurance, Deductible, and Annual Limit**, for physical examinations, including costs and/or fees for telephone consultations and house calls by a **Veterinarian**, to diagnose a current covered **Illness or Injury**. This optional coverage does not provide coverage for annual preventive care (wellness) examinations, or for the **Veterinarian’s** travel costs or service fees for a house call.

**AlternativePlus**

We will reimburse **You**, if shown on the **Declarations Page**, after any applicable **Waiting Period**, for the **Covered Expenses** that occur during the **Coverage Period** subject to **Policy** limits and exclusions including, but not limited to, **Coinsurance, Deductible**

and **Annual Limit**, for **Alternative Therapies, Complementary Therapies**, and the diagnosis and **Treatment of Behavioral Problems**. There is an **Annual Limit** of one thousand dollars (\$1,000) for **Behavioral Problems**.

#### **HereditaryPlus**

**We** will reimburse **You**, if shown on the **Declarations Page**, after any applicable **Waiting Period**, for the **Covered Expenses** that occur during the **Coverage Period**, subject to the **Policy** limits and exclusions including, but not limited to **Coinsurance, Deductible, and Annual Limit** for **Congenital Conditions and Hereditary Disorders**.

#### **Breeding Coverage**

**We** will reimburse **You**, if shown on the **Declarations Page**, after any applicable **Waiting Period**, for any **Illness or Injury** that occurs during the **Coverage Period**, subject to **Policy** limits and exclusions including, but not limited to, **Coinsurance, Deductible and Annual Limit**, for **Treatment** related to breeding, pregnancy, giving birth, and nursing including, but not limited to, emergency c-sections (not including c-sections for breeds of animals that are known not to be able to give birth naturally), mastitis, metritis, pyometra, uterine/vaginal stricture or prolapse, eclampsia, gestational diabetes, pregnancy-related liver failure, complications from dystocia, and complications from retained placenta. This optional coverage does not provide benefits for planned c-sections, , artificial insemination, or other elective, wellness or preventive **Treatment** related to breeding, pregnancy, giving birth, and nursing. This optional coverage does not provide benefits for c-sections needed for breeds of animals that are known not to be able to give birth naturally.

### **9. General Conditions**

- a. This **Policy** only applies to losses that occur, and are treated, within the United States, its territories, and possessions, and Canada. No coverage exists for an **Incident or Treatment** that occurs outside of the above territories.
- b. If a claim arises under this **Policy** and there is any other insurance providing coverage to **Your Pet(s)**, this **Policy** is excess insurance. This **Policy** will only apply to any claim costs once all other valid and collectible insurance has been exhausted, and then only for the excess amount not covered by the other insurance, always subject to the terms and conditions of this **Policy**.
- c. **We** will not insure **Your Pet** under more than one (1) **Pet insurance Policy** with **Us** during any **Coverage Period**. If **We** find that an insured has more than one (1) such **Policy** with **Us**, coverage will be provided under the **Policy** that has been in force for the longer period of time.
- d. **Your Pet(s)** must receive an annual physical exam, as well as all prescribed vaccines as advised by **Your Veterinarian**.
- e. **You** must follow and carry out the **Veterinarian's** advice and show reasonable care to protect the **Pet(s)** from harm.
- f. **You** are the owner of **Your Pet(s)**.
- g. Coverage for **Your Pet(s)** will cease if ownership is changed.
- h. If any **Policy** wording conflicts with the laws of the state in which this **Policy** is issued, the wording will be amended to meet the laws of that state.
- i. Authorized representatives must be added by the **Policyholder**. Any authorized representative may cancel or change the **Policy**. The action of any authorized representative will be binding.
- j. Continuing coverage for a covered **Incident** from a preceding **Coverage Period** is subject to the terms and conditions of this **Policy**. **Per Incident Limits** for any covered expense under a previous **Coverage Period** will not reset at **Policy Renewal** or replacement. In the case of continuous coverage where the **Per Incident Limit** is lower than in the previous **Coverage Period**, the lower **Per Incident Limit** will apply.
- k. By accepting the terms of this **Policy**, as evidenced by the payment of premiums, it is agreed that this **Policy**, endorsements, and any other notices may be delivered to **You** by electronic mail or via an internet portal at **Our** option. All **Policy** forms, any notices and endorsements are available, at **Your** request, in paper form at no charge to **You**. A copy of **Your Policy** is available on **Our** customer portal.
- l. Your **Policy** will become legally binding once **You** activate **Your 30-Day coverage**. In order to continue coverage, **Your** premium (monthly or annual) must be paid before the end of **Your 30-Day coverage**.
- m. This **Policy** will automatically renew unless **We** receive a cancellation or intent to not renew notice from **You** before the **Renewal** date. Premiums may increase at **Renewal** for: **Pet** age, veterinary cost inflation, actuarial changes, address changes, **Annual Limit** increase, and other **Policy** parameters.
- n. If **You** wish to make changes to **Your** coverage, please contact **Us**. Any change is subject to underwriting and **Our** approval. Certain changes may result in a new enrollment, which would terminate **Your** existing **Policy** and reset the **Waiting Period** and the determination of **Pre-existing Conditions**.
- o. Each named insured may receive certain promotional offers, which includes, but is not limited to, gift cards, coupons, gift certificates, and items of merchandise. The maximum value of any promotional item will not exceed one hundred dollars

(\$100).

- p. From time to time, at **Our** option and in compliance with all applicable law, **We** may advertise special promotions or offer the policyholder free gifts, including small cash rewards and incentives, for customer referrals or if the person recommended to **Us** purchases a **Policy**.
- q. From time to time, at **Our** option and in compliance with all applicable law, **We** may offer value added benefits or services directly relating to this coverage that may assist in the service of the **Policy**, mitigate loss, or provide loss control that aligns with the risks of the **Policy**.
- r. Benefits are not assignable except that You may direct **Us** to pay benefits to the Veterinary provider on whose charges any claim is based. Any such payment that **We** make will fully discharge **Us** to the extent of the payment.
- s. Once the thirty (30) day coverage period is activated, **We** will provide benefits for **Covered Expenses** that occur during the initial thirty (30) day period. Coverage is subject to any **Waiting Periods** and exclusions.
- t. **Your Policy** will expire thirty (30) days after inception unless premiums are paid. If coverage continues after the thirty (30) day period, **You** must pay **Us** the premium, monthly or annual, to continue the **Policy**. **Your Policy** will continue as a twelve (12) month **Policy** expiring twelve (12) months from the inception date of **Your Policy**. **You** must comply with all terms and conditions of the twelve (12) month **Policy** that is issued to **You**.

#### 10. Renewal, Cancellation, and Nonrenewal

- a. **We** will automatically renew **Your Policy** at expiration unless **You** are otherwise notified of nonrenewal.
- b. **You** may cancel this **Policy** at any time by providing to **Us** advance notice of cancellation or **Your** intent to not renew.
- c. **We** may cancel this **Policy** by mailing or delivering to **You** written notice of cancellation at least ten (10) days before the date of cancellation.
- d. **We** will mail or deliver **Our** notice of cancellation or nonrenewal to **Your** last mailing address known to **Us**.
- e. Notice of cancellation will state the reason for cancellation and the effective date of cancellation. Insurance coverage under this **Policy** will end on that date.
- f. After this **Policy** has been in effect for more than sixty (60) days, **We** may cancel only for one (1) or more of the following reasons:
  - i. Nonpayment of premium;
  - ii. The **Policy** was obtained through fraud or material misrepresentation;
  - iii. A substantial change in the risk which increases the risk of loss after coverage has been issued or renewed, including but not limited to, an increase in exposure due to rules, legislation, or court decisions;
  - iv. Failure to comply with reasonable loss control recommendations;
  - v. Substantial breach of contractual duties, conditions, or warranties; or
  - vi. Determination by the superintendent of insurance that continuation of a class or block of business to which the policy belongs will jeopardize a company's solvency or will place the insurer in violation of the insurance laws of the state of Maine or any other state.
- g. **We** may elect to non-renew this **Policy** on the expiration date shown on the **Declarations Page**. **We** may do so by mailing to **You** a written notice, stating the reason for nonrenewal, at least thirty (30) days prior to the expiration date of **Your Policy**.
- h. If notice of cancellation or nonrenewal is mailed, a post office certificate of mailing will be sufficient proof of notice.
- i. If either **You** or **We** cancel the **Policy**, **We** will refund **You** any unearned premium on a daily pro-rata basis.
- j. **We** may change the premium, **Coinsurance** amounts, annual **Deductibles**, and **Policy** terms and conditions at **Renewal**. **You** will be notified of all changes in writing at least thirty (30) days before the **Renewal** date.
- k. If **You** intentionally misrepresent or conceal any material fact that **We** rely on to issue or administer coverage, **We** may cancel **Your Policy** effective the date of discovery of the germane misrepresentation.
- l. After the first thirty (30) days of the **Coverage Period**, **We** will compute any refund due on a daily pro-rata basis.

#### 11. Changes to Coverage; Subsequent Policies

**You** may make changes to coverage only at **Policy Renewal**. Any requested changes in coverage under this **Policy** must be reviewed and approved by **Us**.

If **You** choose to make certain changes to coverage at **Renewal**, **Your** coverage for the next **Coverage Period** may be substantially different from the coverage during the existing **Coverage Period** and will result in a new enrollment and the issuance of a separate and distinct subsequent **Policy** rather than a **Renewal** of this **Policy**. This means **Your** existing **Policy** will expire at the end of its **Coverage Period** and coverage will not be considered continuous. When the subsequent **Policy** is issued, it will trigger the start of a brand-new effective date of that **Policy** as well as a new **Pet Original Start Date** for any covered **Pet**. Applicable **Waiting**



**Periods** will be reset as of the new **Policy's** effective date. In addition, **Pre-existing Conditions** will be determined based upon the new **Policy's** effective date.

If You elect at **Policy Renewal** to change **Your** coverage resulting in the issuance of a subsequent **Policy** rather than a **Renewal** of this **Policy**, **We** may provide credit for prior coverage subject to Our approval and Our underwriting guidelines.

## 12. Claims Conditions

- a. In the event **You** incur a loss **You** must notify **Us** by providing the following:
  - i. A completed claim form within one hundred and eighty (180) calendar days, or as soon as practicable, of the date of **Treatment** or veterinary services or date of receipt furnished to **You** in connection for such **Treatment** or veterinary services.
  - ii. Invoices from **Your** treating **Veterinarian** listing the services performed, products provided, and the itemized charges for **Treatment**, including packages and/or discounts.
  - iii. A payment receipt when submitting a handwritten invoice. If payment receipt is not provided the invoice will be verified with **Your Veterinarian** prior to claim processing.
- b. **We** reserve the right to ask for information from any **Veterinarian** that has ever seen **Your Pet(s)** to assess its health.
- c. **We**, at **Our** expense, have the right to have any covered **Pet(s)** examined by a **Veterinarian** of **Our** choice as often as reasonably necessary while a claim is pending.
- d. If **You** disagree with the decision made by **Us**, **You** have the right to an appeal. Any claim submitted for reconsideration must be submitted within sixty (60) days, or as soon as reasonably practicable, of the decision and must be in writing on a Claims Redetermination Request Form which is available from **Us**. If the appeal is regarding a disagreement over medical facts, rather than **Policy** coverage or terms, **We** may, at **Our** own discretion, consult with an impartial **Veterinarian** selected by **Us**, who is independent, not controlled by **Us**, and not involved in the handling of **Your** claim, to conduct a review. Any such redetermination by the impartial **Veterinarian** will be binding on **Us**.
- e. If **We** pay a claim contrary to this **Policy's** terms and conditions, that payment does not waive **Our** rights to apply those terms and conditions to any paid or any future claim. **We** also have the right to stop payment or recover from **You** any claim amount paid incorrectly.
- f. If **You** or anyone acting on **Your** behalf submits a fraudulent claim, **We** may deny any current or future claim and cancel **Your Policy**.
- g. No action can be taken against **Us** unless **You** have complied with all of the terms and conditions of this **Policy**, and ninety-one (91) days has elapsed after proof of loss is filed and the amount of loss is determined as provided in this **Policy**. **You** will have thirty-six (36) months from the date the claim is denied to take legal action against **Us** with respect to recovery of a claim under this **Policy**.
- h. It is hereby mutually agreed that any dispute or difference of agreement arising between **Us** and the **Policyholder** with respect to this agreement shall be submitted to arbitration under rules of the American Arbitration Association (AAA). The place of Arbitration will be the county in the state of Maine where the **Policy** was delivered.
- i. **You** must cooperate with **Us** in the investigation or settlement of any claim.
- j. Any claim for an **Illness** or **Injury** where a final diagnosis has not been made will be pended as ineligible until **We** receive written documentation from **Your Veterinarian** with the definitive diagnosis.

### Send Correspondence to:

PetPartners, Inc.  
PO Box 37940  
Raleigh, NC 27627-7940

The Company has caused this **Policy** to be executed, attested, and countersigned by an authorized representative of the Company.



Jon Dubauskas  
President



Sammi-Jo Nevin  
Secretary

SAMPLE