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. **Coinsurance** means Your portion of Covered Expenses after the Deductible is met. Your Coinsurance amount is shown on the Declarations Page.

g. **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.

h. **Congenital** means an Illness, disease or condition that was present at or dated from the birth of Your Pet(s).

i. **Coverage Period** means the time period specified on the Declarations Page beginning on the effective date and ending on the expiration date. All dates are as of 12:01 AM in the time zone of the Policyholder.

j. **Covered Expenses** means the Reasonable and Customary charges for Medically Necessary Treatments provided by Your Veterinarian during the Policy period that are eligible for reimbursement under this Policy.

k. **Declarations Page** means the page(s) sent to You with specific information about the Policy regarding Policy period, coverages, limits of liability and premiums.

l. **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.

m. **Dietary Indiscipline** 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.

n. **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.

o. **Illness** means physical disease, sickness, infection, condition or failure, regardless of cause.

p. **Incident** means a specifically identifiable Illness or Injury. 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.

q. **Inherited** means an Illness, disease or condition whose presence is determined by genetic factors.

r. **Injury** means physical damage caused by an Accident.

s. **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).

t. **Medical Waste Fees** mean the charges associated with the disposal of medical, surgical or chemotherapeutical waste.

u. **Onset** means the beginning or first appearance of the signs or Symptoms of an Illness or Injury.
v. **Per Incident Limit** is the maximum **We** will reimburse **You** for a **Covered Expense** for each **Incident** within the **Coverage Period**. **Your Per Incident limit** is shown on the **Declarations Page**. **Per incident Limits** do not reset at renewal or with changes to coverage.

w. **Pet(s)** refers to the covered animal(s) listed on the **Declarations Page**.

x. **Pet Ambulance** means a **Pet** medical transportation service vehicle equipped with stretchers, hydraulic tables, oxygen and a driver and/or veterinary technician.

y. **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**.

z. **Policy** means the terms and conditions and most recent **Declarations Page** which includes any forms and endorsements that apply.

aa. **Pre-existing Condition** means any **Illness** or **Injury** which occurred, reoccurred, existed or showed **Symptoms**, whether or not diagnosed by a **Veterinarian**, prior to the **Pet Original Start Date**, **Coverage Period** or during the **Waiting Period**. **Pre-Existing Conditions** are only eligible after three hundred and sixty-five (365) days of continuous coverage and only for **Treatment** that occurs after the three hundred and sixty-five (365) day **Waiting Period**.

bb. **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.

c. **Preventive Care** means **Treatment** intended for the prevention of an **Illness** or **Injury**.

dd. **Reasonable and Customary Charges** means typical fees or the cost that **Veterinarians** charge in **Your** geographic area based on available veterinary fee information and proprietary data.

ee. **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**.

ff. **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 a licensed **Veterinarian** to be considered for eligibility.

gg. **Veterinarian** means a licensed physician for animals and a provider of veterinary medicine. **Veterinarian** shall not include **You** or a member of **Your** immediate family.

hh. **Waiting Period** means a period of time specified in the **Policy** that must pass before some or all of the coverage begins. The **Waiting Period** applies to the **Pet Original Start Date** and any coverage increases but does not apply to **Your** annual renewal, provided **You** maintain continuous coverage with **Us**. The **Waiting Period** begins as of the effective date of the **Coverage Period**.

ii. **We/Us/Our** (also **Insurer**) means Independence American Insurance Company.

jj. **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 **Policy 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. **Alternative and Complimentary Therapies**;

i. Emergency ground **Pet Ambulance** transportation in the case of an emergency;

j. Euthanasia when advised by a **Veterinarian** to alleviate suffering; and

k. **Pre-existing Conditions** after a three hundred and sixty-five (365) day **Waiting Period**.

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

There is a fourteen (14) day Waiting Period per Pet before We will cover an Illness, except for IVDD (Intervertebral Disc Disease) including slipped or herniated discs secondary to IVDD, where there is a one hundred and eighty (180)-day Waiting Period.

There is a two (2) day Waiting Period per Pet before We will cover an Injury, except for cruciate ligament related condition, where there is a one hundred and eighty (180)-day Waiting Period.

There is a three hundred and sixty-five (365) day Waiting Period per Pet before We will cover a Pre-existing Condition.

Waiting Periods are waived for subsequent renewals and add-on coverage from a preceding Policy year provided You maintain an active Policy, with no gap in coverage, annually renewed and continuously in-force.

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 (no gap in coverage) of this Policy, credit toward satisfying the Pre-Existing Condition Waiting Period and other 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 declarations page and/or the verification of premiums paid through payroll deduction may be required.

5. Exclusions

a. Pre-existing Conditions prior to the Waiting Period specified in section 4.

Bilateral Conditions, presenting on one (1) side of the body will be considered Pre-existing Conditions. For example, a cruciate tear in the left leg that showed Symptoms prior to the Coverage Period or during a Waiting Period, a subsequent cruciate tear in the right leg will be considered a Pre-existing Condition.

b. IVDD (Intervertebral Disc Disease) if diagnosed, treated or showing Symptoms prior to the Coverage Period or during a Waiting Period and any further episodes of IVDD or any future occurrence of this condition will be considered Pre-existing Condition.

c. Physical examination: including costs and/or fees for telephone consultation unless You purchase Optional ExamPlus Coverage.

d. Treatment that has been pre-paid but not yet performed.

e. 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.

f. 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).

g. Elective cosmetic, grooming, bathing and nail clipping, including any Illness or Injury that results from these services.

h. Fees to diagnose or treat any Illness or Injury related to breeding, pregnancy, whelping and nursing, unless You purchase the optional Breeder Coverage.

i. Any conditions related to teeth including but not limited to gingivitis, periodontal disease, root canals, caps and crowns, vital pulpotomies, deciduous teeth, diseased and abscessed teeth (except Medically Necessary extractions for permanent broken teeth due to an Accident). The cost of dental cleaning unless You purchase Optional DefenderPlus Coverage.

j. Preventive Care including, but not limited to, wellness exams, preventative Treatment, vaccinations, flea control and other parasite prevention, unless You purchase Optional Defender or DefenderPlus Coverage.

k. Spaying or neutering (including preventative sterilization surgery, such as for Treatment for cryptorchidism, chimerism or chromosomal abnormalities), unless You purchase Optional DefenderPlus Coverage.

l. All diets, Pet food, whether prescribed or not. This does not include a prescription diet used as the sole Treatment of a covered condition.

m. 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.

n. 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.

o. Air ambulance and non-emergency Pet Ambulance transportation.

p. Experimental, investigational Treatment, organ and tissue transplants or prosthesis.

q. Veterinary package discount cost, Sales tax, Medical Waste Fees, veterinary administrative, shipping and postage fees.

r. The cost of disposing of the remains of Your Pet(s) unless You have purchased the Optional SupportPlus Coverage.

s. 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.

t. House calls, travel time, boarding and/or transportation.

u. Conditions resulting from activities related to training or participating in track or sled racing, guard security, law enforcement (unless authorized in advance by Us), working or organized fighting.

v. **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.

w. Anal gland expression. This does not include **Prescription Medication** and surgical **Treatment** for anal gland infection.

x. **Treatment** for Your Pet being obese or overweight, if not due to an underlying medical condition.

y. **Congenital and Inherited** conditions including Elbow Dysplasia, Hip Dysplasia, OCD (Osteochondritis Dissecans) Osteoarthritis, Spondylosis, Luxating Patella, and Diabetes unless you purchase Optional HereditaryPlus Coverage.

z. Final Expenses for Necropsy, cremation, urns, etc. unless you purchase Optional SupportPlus Coverage.

6. **Optional Coverages**

   If chosen by You, and shown as applicable on the Declarations Page, the following optional coverages apply separately to each Pet per Policy year. Some coverage options may be restricted by Pets age at time of sign-up.

   **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 Policy period. Benefits will not exceed the Maximum Allowable Limits shown below. **Coinsurance** and **Deductible** requirements do not apply to Preventive Benefits.

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

   **Benefit Schedule**

<table>
<thead>
<tr>
<th>Preventive Benefit</th>
<th>Defender</th>
<th>DefenderPlus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spay/Neuter or Teeth Cleaning*</td>
<td>$0</td>
<td>$150</td>
</tr>
<tr>
<td>Rabies Vaccine</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Flea/Tick/Heartworm Prevention</td>
<td>$80</td>
<td>$95</td>
</tr>
<tr>
<td>Vaccination/Titer</td>
<td>$30</td>
<td>$40</td>
</tr>
<tr>
<td>Wellness Exam</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Heartworm test or FELV (Feline Leukemia Virus) screen</td>
<td>$25</td>
<td>$30</td>
</tr>
<tr>
<td>Blood, fecal, parasite exam</td>
<td>$50</td>
<td>$70</td>
</tr>
<tr>
<td>Microchip</td>
<td>$20</td>
<td>$40</td>
</tr>
<tr>
<td>Urinalysis or ERD Test (Early Renal Disease Test)</td>
<td>$15</td>
<td>$25</td>
</tr>
<tr>
<td>Deworming</td>
<td>$20</td>
<td>$20</td>
</tr>
</tbody>
</table>

*Benefits may be combined or separate up to the maximum allowable limit

**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** provisions do not apply to SupportPlus Coverage.
7. **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 **Policy** 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 **Policy** is subject to the terms and conditions of this **Policy**. **Per Incident Limits** for any covered expense under a previous **Policy** will not reset at **Policy** renewal or replacement. In the case of continuous coverage where a **Per Incident Limit** is lower than the previous term, the lower **Per Incident Limit** will apply.
   k. By accepting the terms of this insurance 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 via the internet at Your consent and such consent has not been withdrawn. All **Policy** forms, any notices and endorsements are available to You, 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** have paid **Your** premium. The premium is due when **You** take out a new **Policy** and when **You** renew an existing **Policy**. **Your Policy** is an annual contract of insurance with a monthly and annual payment option. Premiums must be paid in full and on time to maintain 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, promotional advertising items, educational items or traditional courtesy items of merchandise. The maximum value of any promotional item will not exceed $25.00.

p. 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.

q. This **Policy** is valid for a period of twelve (12) months (three hundred and sixty-five (365) days) from effective date.

8. **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 not cancel this **Policy** during the initial **Policy** term after the 60th day following the date on which the **Policy** was issued.

d. **We** may cancel this **Policy** at any time during the term of the **Policy** by mailing or delivering to **You** written notice of cancellation for:
   i. Fraud in obtaining coverage;
   ii. Failure to pay premiums when due;
   iii. An increase in hazard within the control of the insured that would produce a rate increase; or
   iv. Loss of **Our** reinsurance covering all or part of the risk covered by the **Policy**.

e. **We** will mail or deliver **Our** notice of cancellation or nonrenewal to **Your** last mailing address known to **Us**.

f. 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.

g. **We** may elect to nonrenew this **Policy** on the expiration date shown on the **Declarations Page**. **We** may do so by mailing to **You** written notice, stating the reason for nonrenewal, at least forty-five (45) days or as applicable by state law, whichever is greater, prior to the expiration date of **Your Policy**.

h. If notice of cancellation or nonrenewal is mailed, proof 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. The first time **You** enroll **Your Pet(s)** in one (1) of **Our Policies** **You** have thirty (30) days from the effective date to cancel and receive **Your paid premium back in full, as long as **You** have not filed a claim.

m. After the first thirty (30) days of the **Policy** period, **We** will compute any refund due on a daily pro-rata basis.

n. **We** may not cancel or refuse to renew a **Policy** based solely on the fact that the **Policyholder** is an elected official.

9. **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. Not later than the 15th day after the date We receive notice of a claim, We shall: acknowledge receipt of the claim; commence any investigation of the claim; and request all items, statements, and forms We reasonably believe, at that time, will be required from You.

c. We reserve the right to ask for information from any Veterinarian that has ever seen Your Pet(s) to assess its health.

d. 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.

e. We will notify You in writing of the acceptance or rejection of a claim no later than the 15th business day after the date We receive all items, statements, and forms required by Us to secure final proof of loss. If We are unable to accept or reject the claim within the time period We will notify You of the reason and need for additional time. We will accept or reject the claim no later than the 45th day.

f. We will pay a claim (in whole or in part) within five (5) business days after the date We have notified You of acceptance of the claim. If payment of the claim (in whole or in part) is conditioned on the performance or act by You, We will pay the claim no later than five (5) business days after the date the act is performed. In the event of weather-related catastrophe or major natural disaster, as defined by the commissioner, We will have an additional fifteen (15) days for claim-handling. If, after receiving all items, statements, and forms reasonably requested and required We delay payment of the claim for more than 60 days, We will pay interest on the amount of the claim at the rate of 18 percent a year as damages, together with reasonable and necessary attorney's fees, if any.

g. 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.

h. 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.

i. If You or anyone acting on Your behalf submits a fraudulent claim, We may deny any current or future claim and cancel Your Policy.

j. 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.

k. Any dispute or difference of agreement arising between Us and the Policyholder with respect to this agreement may be submitted to arbitration under rules of the American Arbitration Association (AAA).

l. You must cooperate with Us in the investigation or settlement of any claim.

m. Any claim for an Illness or Injury where a final diagnosis has not been made will be pending 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