INDEPENDENCE AMERICAN INSURANCE COMPANY

AccidentCare
Terms and Conditions

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. **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.
   i. **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.
   j. **Declarations Page** means the page(s) sent to You with specific information about the Policy regarding Policy period, coverages, limits of liability and premiums.
   k. **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.
   l. **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.
   m. **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.
   n. **Illness** means physical disease, sickness, infection, condition or failure, regardless of cause.
   o. **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.
   p. **Injury** means physical damage caused by an Accident.
   q. **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 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).
   r. **Medical Waste Fees** mean the charges associated with the disposal of medical, surgical or chemotherapeutical waste.
   s. **Onset** means the beginning or first appearance of the signs or Symptoms of an Illness or Injury.
   t. **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. Your Per Incident limit is shown on the Declarations Page. Per Incident Limits do not reset at renewal or with changes to coverage.
u. **Pet(s)** refers to the covered animal(s) listed on the **Declarations Page**.

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

w. **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**.

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

y. **Pre-existing Condition** means any **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**.

z. **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.

aa. **Preventive Care** means **Treatment** intended for the prevention of an **Injury**.

bb. **Treatment** means any test, x-ray, medication, surgery, hospitalization, nursing, and care provided or prescribed by a **Veterinarian** to treat a covered **Injury**. **Treatment** must be performed by a licensed **Veterinarian** to be considered for eligibility.

cc. **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.

dd. **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**.

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

ff. **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. Hydrotherapy and Physical Therapy;
   
   g. Emergency ground **Pet Ambulance** transportation in the case of an emergency;
   
   h. Euthanasia when advised by a **Veterinarian** to alleviate suffering; and
   
   i. **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 two (2) day **Waiting Period** per **Pet** before **We** will cover an **Injury**.

   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. **Illness** regardless of cause.
   b. **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**.
   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 **Injury** or service excluded by the **Policy** as well as secondary complications from such excluded **Injury** or service. Secondary complications include but are not limited to an **Injury** caused by an uncovered condition or the **Treatment** of an uncovered condition.
   f. Intentional, neglectful of 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 **Injury** to Your Pet(s).
   g. Elective cosmetic, grooming, bathing and nail clipping, including any **Injury** that results from these services.
   h. Fees to diagnose or treat any **Injury** related to breeding, pregnancy, whelping and nursing.
   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) **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 **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 **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**, **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 **Injury** arising from **Your** decision to not follow **Your Veterinarian**’s advice.
   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. **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. **Final Expenses for Necropsy, cremation, urns, etc.** unless **You** purchase Optional SupportPlus Coverage.
   z. **Luxating Patella and Cruciate Ligament conditions**, this includes any associated meniscal **Injuries** or another condition secondary to cruciate ligament **Injury**, tear or rupture.
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.

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 exclusion including, but not limited to, Coinsurance, Deductible and Annual Limit for physical examination; including costs and/or fees for telephone consultation; to diagnose a current covered Injury. This endorsement does not provide coverage for annual wellness office exams.

AlternativePlus

We will reimburse You, if shown on the Declarations Page, after a thirty (30) day 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 and Complementary Therapies and the diagnosis and Treatment of Behavioral Problems. There is an Annual Limit of one thousand dollars ($1,000) for Behavioral Problems.
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 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 Our option. 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. The renewal notice will be delivered to You at least thirty (30) days prior to renewal. If Your renewal premium is to be more than twenty-five percent (25%) of the premium of the expiring Policy, the renewal notice will be delivered to You at least seventy-five (75) days prior to renewal.
   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 the maximum dollar amount allowed in the state of residence.
   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 servicing 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. 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 cancel this Policy by mailing or delivering to You written notice of cancellation at least:
i. Fourteen (14) days before the date of cancellation if We cancel for nonpayment of premium.

ii. Seventy-five (75) days before the date of cancellation if We cancel for any other reason.

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 the Policy for only one (1) or more of the following reasons:

i. Nonpayment of premium;

ii. Discovery of fraud or material misrepresentation made by or with knowledge of the named insured;

iii. Discovery of willful or reckless acts or omissions on the part of the named insured which may increase the hazard insured against;

iv. Occurrence of a change in risk that increases the hazard insured against;

v. We are unable to reinsure the risk; or

vi. Determination by the Commissioner of Insurance that continuation of the Policy will place Us in violation of the Kentucky insurance code or regulations of the Commissioner of Insurance.

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 seventy-five (75) days 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.

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. 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 may be submitted to arbitration under rules of the American Arbitration Association (AAA). The place of Arbitration will be New York unless the laws of the state of the insured dictate otherwise.

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

j. Any claim for an 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