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

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

If the Policy was issued or delivered by an insurance producer, You can contact the insurance producer for assistance.
1. Insuring Agreement
   In return for receiving Your payment of premium when due, We will provide insurance for Your Pet(s) as explained in the below 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, 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 is 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 is 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 and Congenital Disorder mean 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 is the page sent to You with specific information about the Policy regarding Coverage Period, coverages, limits of liability, and premiums.
   m. Deductible is 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. Hereditary Disorder means an abnormality that is genetically transmitted from parent to offspring and may cause Illness or disease.
   q. Illness means physical disease, sickness, infection, condition or failure, regardless of cause. Orthopedic conditions, with the exception of broken bones only, are considered Orthopedic Illnesses under this policy.
   r. 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.
   s. Injury means physical damage caused by an Accident. Orthopedic Injuries are broken bones only.
t. Ligament and Knee Conditions means Orthopedic illnesses involving a ligament, patella, meniscus or soft tissue disorder of the knee. These are considered bilateral and related, regardless of cause; meaning an occurrence on one side of the body affects both sides of the body.

u. Medically Necessary means medical services, supplies or care provided to treat covered Pet(s) which are:
   i. consistent with Symptoms or diagnosis.
   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).

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

w. Onset means the beginning or first appearance of the signs or Symptoms of an Illness or Injury.

x. Orthopedic refers to conditions affecting the bones, skeletal muscle, cartilage, tendons, ligaments, and joints. Orthopedic includes, but is not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and ruptured cranial cruciate ligaments. It does not include cancers or metabolic, endocrine, or autoimmune diseases.

y. 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.

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

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

bb. Pet Insurance means a property insurance policy that provides coverage for Accidents and Illnesses of Pets.

c. 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.

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

e. Pre-existing Condition means any condition for which any of the following are true prior to the Pet Original Start Date under this Pet Insurance Policy or prior to the end of any applicable Waiting Period: (i) A Veterinarian provided medical advice; (ii) the Pet received previous Treatment; 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.

ff. 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.

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

hh. 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.

ii. 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.

jj. 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 provided by, or under the supervision of, a licensed Veterinarian to be considered for eligibility.

kk. Veterinarian means an individual who holds a valid license to practice veterinary medicine from the appropriate licensing entity in the jurisdiction in which he or she practices.

ll. 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.

mm. Waiting Period means the period of time specified in a Pet Insurance Policy that is required to transpire before some or all of the coverage in the Policy can begin.

nn. We/Us/Our (also Insurer) means Independence American Insurance Company or Our administrator.

oo. 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 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 CAT 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 Inherited and Congenital Care 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 Alternative and Behavioral Care 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 submitted to Us.
on the day you obtain the examination from **Your Veterinarian** 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 some or all of the **Waiting Periods** for the **Pet**, or not to waive any of the **Pet's** applicable **Waiting Periods**.

6. **Credit for Prior Coverage**

If **Your Pet** was previously covered under an Independence American Insurance Company **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 **Exam Care 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 **Your**: 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 abcessed 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 Plus 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 Defender Plus coverage**.

   m. Spaying or neutering, regardless of whether it is **Medically Necessary**, unless **You** purchase optional **Defender Plus 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**, **Elective, cosmetic, grooming, bathing, and nail clipping, including any Illness or Injury that results from these services.**
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 Final Respects Care 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 Exam Care coverage. Expenses for travel time, boarding costs, and/or transportation costs are not covered under this Policy or under the optional Exam Care 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 Inherited and Congenital Care 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 Inherited and Congenital Care coverage.

aa. Hereditary Disorders unless You purchase the optional Inherited and Congenital Care 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 Inherited and Congenital Care coverage.

bb. Expenses for final respects, including but not limited to necropsy, cremation, urns, caskets, and burial unless You purchase optional Final Respects Care coverage.

c. Expenses for Alternative Therapies, Complementary Therapies, and Behavioral Problems unless You purchase the optional Alternative and Behavioral Care 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 or 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

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Maximum Allowable Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defender</td>
<td>DefenderPlus</td>
</tr>
</tbody>
</table>

IAIC-PPI-AI-POL-007-0124-WA Underwritten by Independence American Insurance Company 6
<table>
<thead>
<tr>
<th>Service</th>
<th>Option 1</th>
<th>Option 2</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>Annual Preventive (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 Test</td>
<td>$50</td>
<td>$70</td>
</tr>
<tr>
<td>Microchip</td>
<td>$20</td>
<td>$40</td>
</tr>
<tr>
<td>Urinalysis or ERD (Early Renal Disease) Test</td>
<td>$15</td>
<td>$25</td>
</tr>
<tr>
<td>Deworming</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Elective/Preventive Gastropexy</td>
<td>$0</td>
<td>$200</td>
</tr>
</tbody>
</table>

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

**Final Respects Care**
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 Final Respects Care Coverage.

**Exam Care**
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 consultation 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.

**Alternative and Behavioral Care**
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.

**Inherited and Congenital Care**
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 the 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. 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.
   c. Your Pet(s) must receive an annual physical exam, as well as all prescribed vaccines as advised by Your Veterinarian.
   d. You must follow and carry out the Veterinarian’s advice and show reasonable care to protect the Pet(s) from harm. The examining Veterinarian for the purposes of medical information cannot be You or a member of Your immediate family.
   e. You are the owner of Your Pet(s).
   f. Coverage for Your Pet(s) will cease if ownership is changed.
   g. If any Policy wording conflicts with the laws of Washington, the wording will be changed to meet the laws of Washington.
   h. 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.
   i. 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.
   j. If You have elected to opt-in to electronic delivery, You agree to receive this Policy, any riders or endorsements, or any other notices of Policy-related documentation by electronic mail. You may withdraw this election to receive Your documents by electronic delivery at any time by contacting Us. Documents can be delivered to You by other means, including first-class mail, at no charge. A copy of Your Policy forms are also available online through Our customer portal.
   k. 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.
   l. This Policy will automatically renew unless We receive a cancellation or intent to not renew 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.
   m. 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.
   n. From time to time, at Our option and in compliance with all applicable Washington laws, We may offer certain promotional items to show customer appreciation. Such promotional items include, but are not limited to: discounts, gift cards, coupons, gift certificates, related services, or items of merchandise. We may also advertise special promotions or offer the Policyholder free gifts, such as rewards and incentives of nominal value for customer referrals. The aggregate value of all such promotions will not exceed $100 in any consecutive twelve-month period.

10. Renewal, Cancellation, and Nonrenewal
   a. You may cancel this Policy at any time by providing to Us or Your producer by mail, fax, or email, surrendering the Policy or binder to Us or the producer, or verbal notice to Us or the producer and stating the future date that You wish the cancellation to be effective.
b. **We** may cancel this **Policy** by mailing or delivering to **You** written notice of cancellation at least:
   i. Ten (10) days before the date of cancellation if **We** cancel for nonpayment of premium.
   ii. Sixty (60) days before the date of cancellation if **We** cancel for any other reason.
   iii. Forty-five (45) days before the date of cancellation if **We** cancel within the first sixty (60) days after the effective date.

c. After this **Policy** is in effect for more than sixty (60) days, or if this is a **Renewal** or continuation **Policy**, **We** may only cancel for one (1) or more of the following reasons:
   i. **You** fail to pay **Your** premium by the due date in accordance with the **Policy** terms;
   ii. The **Policy** was obtained through fraud, misrepresentation or concealment in **Your** application;
   iii. **We** have agreed to issue a new **Policy** with the same or an affiliated company;
   iv. The Washington Department of Insurance determines that a continuation of the **Policy** could place **Us** in violation of Washington insurance laws; or
   v. **You** fail to comply with the **Policy** terms and conditions in a manner that prejudices or negatively affects **Our** ability to properly assess or evaluate the claim or other material rights **We** have under the **Policy**.

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. **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 prior to the expiration date of **Your** **Policy**.

g. If notice of cancellation or nonrenewal is mailed, proof of mailing will be sufficient proof of notice.

h. If either **You** or **We** cancel the **Policy**, **We** will refund **You** any unearned premium.
   i. **We** will automatically renew **Your** **Policy** at expiration unless **You** are otherwise notified of a nonrenewal.
   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. This **Policy** may be voided in any case of fraud, intentional concealment, or misrepresentation of a material fact, by **You** or any other insured, at any time, concerning:
      i. This **Policy**;
      ii. **Your** **Pet**;
      iii. **Your** interest in **Your** **Pet**; or
      iv. A claim under this **Policy**.

l. After the first thirty (30) days of the **Policy** 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) 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) in order 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 days (60), or as soon as reasonably practicable, of the decision and must be in writing on a Claims Redetermination Request Form. 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 and not controlled by Us, 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. You must cooperate with Us in the investigation or settlement of any claim.

i. Any 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