INSURER DISCLOSURE OF IMPORTANT POLICY PROVISIONS
Modular Pet Insurance

1. Policies are underwritten by National Casualty Company, a subsidiary of Nationwide Mutual Insurance Company.

2. Your policy contains exclusions, listed in Section 13: WHAT WE DO NOT COVER—EXCLUSIONS. Your policy excludes coverage for diagnosis or treatment of any:

   a. "Pre-existing condition" means "a condition for which any of the following is true before the effective date of or during a waiting period applicable to a pet insurance policy: (1) A veterinarian provided medical advice; (2) The pet received previous treatment; or (3) Based on information from verifiable sources, the pet had signs or symptoms directly related to the condition for which a claim is being made."

   A condition for which coverage is afforded on a policy cannot be considered a preexisting condition on any renewal of the policy.

      i. "Renewal" means "the issuance and delivery at the end of an insurance policy period of a policy that supersedes the policy previously issued and delivered by the same pet insurer or affiliated pet insurer and that provides types and limits of coverage substantially similar to those contained in the policy being superseded."

   b. "Congenital anomaly or disorder" which means a condition that is present from birth, whether inherited or caused by the environment, which may cause or contribute to illness or disease.

   c. "Developmental defect" which means an abnormality of a body structure or function that is a result of faulty development, whether apparent or not, that can cause illness or disease.

   d. "Hereditary disorder," which means an abnormality that is genetically transmitted from parent to off-spring and may cause illness or disease.

   Other exclusions may apply. Please refer to the exclusions section of the policy for more information.

3. Your policy has provision(s) that limit coverage.

   a. Section 11 of your policy—POLICY TERM— says that your policy is effective during the dates and times shown on your Declarations Page.

   b. Section 12 of your policy—BENEFIT PROVISIONS— of your policy says that a deductible, a coinsurance percentage, an annual term limit, and – if applicable – a wellness and preventive coverage limit listed on your Declarations Page apply to your policy. Section

12.A, 12.B, and 12.C describe where we list any applicable deductible, coinsurance percentage, sublimit, annual term limit, to your covered veterinary expenses.

c. Section 15A of your policy— WAITING PERIODS— states:

1. Spay, neuter and dental cleaning are not covered within the first 90 days of the original policy term effective date.
2. Cruciate coverage is not subject to a waiting period, but may only be available for enrollment 12 months after the initial policy inception date. You must contact us at 1-800-540-2016 to apply for this additional coverage during your policy renewal period.
3. Illness and Congenital and Hereditary coverage are subject to a 14-day waiting period. The waiting period begins a) after underwriting approval and b) on the policy effective date.
4. Waiting periods do not apply to renewals. It also details how to submit a Waiting Period Waiver Form to waive the Illness and Congenital and Hereditary waiting periods.

4. Optional coverages, if applicable to your policy, will be listed on your Declarations Page. Optional coverages are described under the following:

Section 4. ILLNESS COVERAGE
Section 5. BEHAVIORAL COVERAGE
Section 6. PRESCRIPTION PET FOOD AND NUTRITIONAL SUPPLEMENTS COVERAGE
Section 7. CONGENITAL AND HEREDITARY COVERAGE
Section 8. CRUCIATE COVERAGE
Section 9. WELLNESS COVERAGE – CANINE & FELINE
Section 10. WELLNESS COVERAGE – AVIAN

5. Section 9. WELLNESS COVERAGE – CANINE & FELINE

We offer two levels of optional wellness coverage with benefits listed in a schedule. The benefit schedule sets dollar limits for the term for items like a physical exam, vaccination, and microchip. Please see the detailed wellness coverage and benefit schedule choices on our website or speak with a licensed sales representative who can assist you in that regard.

6. At each renewal, your premium amount may be affected by medical claims paid for your pet over the previous policy period(s). Premium may also be affected by age of pet or a change in geographic location.

7. *Description of the basis or formula on which we determine claim payments under your policy.* We review all invoices for veterinary services and supporting forms and documentation you submit and determine whether the expenses you submit are covered under your policy. If your expenses meet the terms of the insuring agreement of your policy, we determine whether any other policy provision excludes or limits coverage. If you have complied with all policy terms and conditions and if the veterinary services expenses you submit to us are payable under your policy, we pay these expenses subject to all terms, conditions, limitations, and exclusions of your policy.

8. A physical exam may be required for enrollment and must be provided upon request. Examination documentation may result in a preexisting condition exclusion.

9. You have 30 days after the date you receive this policy, certificate, or rider to review 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 the policy, certificate, or rider, simply return it to the company at the company's administrative office, or to the insurance agent or broker from whom you bought it, as long as you have not filed a claim. You must return the policy, certificate, or rider within 30 days after the day you first receive it in order to receive a refund. The company must refund the full amount of any premium paid within 30 days after it receives the returned policy, certificate, or rider. The premium refund will be sent directly to the person who paid it. The policy, certificate, or rider will be void as if it had never been issued.