

Underwritten by: National Casualty Company
Home Office: One Nationwide Plaza, Columbus, Ohio 43215
Administrative Office: 18700 North Hayden Road • Scottsdale, Arizona 85255
1-800-423-7675 • A Stock Company

DIRECT ALL INQUIRIES AND CLAIMS TO: DVM Insurance Agency:
1800 E. Imperial Highway, Suite 145 • Brea, CA 92821 • 1-800-540-2016 • 1-714-989-0555

PET WELLNESS COVERAGE FORM

1. INSURING AGREEMENT

We will provide the benefits listed in the Pet Wellness Benefit Schedule in return for **your** payment of premium when due and compliance with all provisions of this policy. **We** will pay **covered veterinary services expenses** that **you** incur during the policy term for treatment provided to **your pet** during the policy term. **We** will only pay for procedures listed in the Pet Wellness Plan that **you** have selected, up to the limits of **your** Plan. Benefit payments are subject to all exclusions, limitations, and conditions of this insurance policy.

Pet Wellness Benefit Schedule

Your Declarations Page or Renewal Certificate identifies the Pet Wellness Plan that **you** have selected.

| | Pet Wellness Basic Plan | Pet Wellness Plus Plan | Pet Wellness Max Plan |
|---|-------------------------------------|-------------------------------------|--------------------------------------|
| Physical exam: Two exams per policy term | \$50.00 \$25.00 maximum per exam | \$60.00 \$30.00 maximum per exam | \$80.00 \$40.00 maximum per exam |
| Behavioral exam and/or treatment | \$30.00 | \$30.00 | \$30.00 |
| Vaccination or Titer | \$50.00 | \$75.00 | \$75.00 |
| Heartworm or FeLV/FIV test | \$30.00 | \$35.00 | \$35.00 |
| Fecel test | \$15.00 | \$25.00 | \$30.00 |
| Deworming | \$25.00 | \$25.00 | \$25.00 |
| Nail trim | \$20.00 | \$20.00 | \$20.00 |
| Microchip | \$40.00 | \$40.00 | \$40.00 |
| Health Certificate | \$40.00 | \$40.00 | \$40.00 |
| Flea control or Heartworm prevention | \$50.00 | \$75.00 | \$75.00 |
| One additional test: (1) Health screen (blood test); (2) Radiographs (x-rays); (3) Electrocardiogram (EKG) | \$50.00 One test per policy term | \$75.00 One test per policy term | \$100.00 One test per policy term |
| Spay/Neuter | Not covered | Not covered | \$200.00 |
| Dental | Not covered | Not covered | \$250.00 |

2. DEFINITIONS

We define words or phrases in **your** policy. **We** identify these terms with bold typeface. Any veterinary terms or phrases not defined in this policy will be interpreted as defined in the most recent edition of Blood D.C., Studdert V.P., Gay C.C., *Saunders Comprehensive Veterinary Dictionary*. London, UK: W.B. Saunders.

- A. **Covered veterinary services expenses** means expenses for reasonable and necessary **veterinary services** that are eligible for payment under the VPI® Pet Wellness Plan that **you** have selected.
- B. **Health certificate** means federal certification (USDA/APHIS/VS) required for the import and export of live animals or state certification [Certificate of Veterinary Inspection (CVI)] required for interstate transportation of live animals.
- C. **Medication** means a substance approved by the U.S. Food and Drug Administration (FDA) or Environmental Protection Agency (EPA) that is used to treat **your pet**.
- D. **Pet** means the animal identified on the Declarations Page or Renewal Certificate of **your** policy.
- E. **Prescribed** means: (1) directly provided by or (2) authorized by written instruction of a **veterinarian**.
- F. **Spouse** means **your** husband, wife, or domestic partner under the law of **your** state of residence, who lives with **you** at the address shown on the Declarations Page or Renewal Certificate of **your** policy.
- G. **Veterinarian** means a legally licensed veterinary practitioner.
- H. **Veterinary services** means treatment provided by or under the supervision of a **veterinarian** who has physically examined **your pet**, including **medication prescribed** by the **veterinarian**.
- I. **Void** means to declare during the policy term that this policy is no longer in force or effect.
- J. **We, us, or our** means the company providing this insurance.
- K. **You or your** means the **pet** owner listed on the Declarations Page or Renewal Certificate of this policy.

3. POLICY TERM

Your policy is effective during the times and dates shown on **your** Declarations Page or Renewal Certificate. **Your** policy only applies to **covered veterinary services expenses** that **you** incur during the policy term for **veterinary services** provided to **your pet** during the policy term.

4. WHAT WE DO NOT COVER—EXCLUSIONS

We will not pay for:

- A. Any behavioral training, therapy or treatment that is: (1) not **prescribed** by a licensed **veterinarian** or (2) **pet** obedience training.
- B. Fees or other expenses not directly related to **veterinary services** including fees or expenses incurred for: (1) waste disposal, (2) record access or copying, (3) any license or certification, (4) compliance with any government rule or regulation, (5) any tax, or (6) any charge assessed by any bank, credit card company, or other financial institution.

5. YOUR DUTIES

- A. **You** must submit complete and legible claim forms to **us** and include itemized receipts for **veterinary services** expenses that identify **your pet** by name.
- B. **You** must provide **us** with treatment records relating to any claim under **your** policy, upon **our** request. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon **our** request.
- C. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.

6. OTHER INSURANCE

- A. If **your pet** is covered by more than one policy issued by **us**, **we** will not pay more than the highest amount payable under any one policy.
- B. This insurance is excess over any other insurance covering **your pet** that is provided by a policy issued by any other insurance company, whether collectable or not.

7. TERMINATION OF INSURANCE

- A. **Your** policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by sending written notice to **you** at **your** most recent address in **our** records. **We** will send **you** this notice ten (10) days before **we** cancel **your** policy, or at the time required by the law of **your** state of residence. **You** may cancel **your** policy at any time by notifying **us** in writing. If **you** or **we** cancel **your** policy, **we** will refund any unearned premium on a prorated basis.

8. ASSIGNMENT OR TRANSFER OF POLICY

- A. **You** may not transfer or assign this policy in whole or in part without **our** written consent. **We** will not consent unless both **you** and **your** assignee give **us** information that **we** request on forms that **we** provide.
- B. **Your** policy will transfer to **your** legal representative or surviving **spouse** upon **your** death.

9. CHANGES AND LIBERALIZATION

- A. This policy contains all the agreements between **you** and **us**. Its terms cannot be changed except by endorsement or rider issued by **us**.
- B. **You** or **your spouse** may request changes to **your** policy. Any change **we** make due to a request by **you** or **your spouse** is binding on all persons who have any interest under **your** policy.
- C. If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.
- D. **We** may make changes to **your** policy. If **we** do, **we** will send **you** written notice thirty days before the end of the current policy term or at the time required by the law of **your** state of residence. **You** accept these changes by renewing **your** policy.

10. REVIEW

You may request a review if **we** deny **your** claim in whole or in part. **You** must submit **your** review request in writing indicating the reason for the review. **You** must provide **us** with all records from **your veterinarian** relating to any **veterinary services** that are the basis of **your** request.

11. SUIT AGAINST US

You may not bring a legal action against **us** unless **you** have complied with all provisions of this policy. **You** must begin any legal action against **us** within one year of **your pet's** first treatment identified in **your** legal action.

12. DECLARATIONS

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet**. **You** agree that this policy and any endorsements or riders issued to **you** is the entire and only agreement between **you** and **us**.

13. FRAUD AND CONCEALMENT

We will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and void **your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

14. INSTALLMENT PAYMENT SERVICE CHARGE

If **you** elect to pay **your** premium in installments, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.