INDEPENDENCE AMERICAN INSURANCE COMPANY

Administrative Office: 1208 Massillon Rd, Suite G200, Akron OH 44306

Preventive Care Amendatory Endorsement

Policy Number: A1234567 Name of Pet Insured: Wellness High
Preventive Care: Platinum Effective Date: 08/02/2024

Expiration Date: 08/02/2025

At 12:01 a.m. Standard Time at Your Primary Address

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ CAREFULLY.

You must continue to pay premiums both for the base policy and this endorsement during the **policy period**. Defined terms are bold typeface in this endorsement. **You** can find their meanings in the DEFINITIONS section of **your** policy.

WHAT IS COVERED

We will reimburse you for covered expenses that you incur during the policy period up to the lesser of the allowable maximum amount or the amount charged for the covered procedure. We will only pay for procedures provided by a veterinarian that are listed in the Preventive Care option you have selected listed on your declarations page.

Exams, Medications, Procedures	Annual Maximum Amount
Dental Cleaning or Spay/Neuter	\$150.00
Annual Exam	\$50.00
Heartworm/Flea Prevention	\$25.00
Deworming	\$25.00
Health Certificate	\$25.00
<u>Tests</u>	Annual Maximum Amount
Canine Heartworm or Feline FELV	\$25.00
Urinalysis	\$25.00
Blood Test	\$25.00
Fecal Test	\$25.00
<u>Vaccinations/Titers</u>	Annual Maximum Amount
Canine Bordetella or Feline FELV	\$25.00
Canine DHLPP or Feline FVRCP	\$25.00
Canine Rabies and/or Canine Lyme, or Feline FIP	\$25.00

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GENERAL CONDITIONS

Endorsement Changes - You may change the endorsement coverage by selecting a different option at renewal.

Endorsement Cancellation - You may cancel endorsement coverage at renewal.

During the **policy period**, **you** will not be able to cancel this endorsement unless **your** base policy is also cancelled. If Preventive Care benefits were received, any endorsement premium that **you** have already paid beyond **your** last date of coverage will be refunded pro rata. This endorsement is subject to all other terms, conditions, and exclusions of **your** policy. Attach this endorsement to **your** policy.

Jon Dubauskas President

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