

## **Pet Health Insurance Program General Terms & Conditions**

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I am over the age of eighteen (18) years and I consent to the release of any information that I have submitted to {{Your Company Name}}, including any information that is of a personal confidential nature, as pertains with this insurance product(s) or service(s) for my pet(s).

The information that I have provided throughout this application is, to the best of my knowledge, true, accurate, and complete. My pet(s) is/are in good, healthy condition at the time of this application and, as such, is the basis for my policy. {{Your Company Name}} has made me aware of the various coverages and options available as well as the limitations of coverage, and I have selected the coverages and limits that I desire and/or that I require.

Pre-existing conditions are not covered. Conditions that show symptoms before the insurance policy's effective date or during a waiting period will be considered pre-existing and ineligible for coverage, even if they haven't been formally diagnosed or treated by a Veterinarian.

I understand and agree that my application for pet insurance will be submitted electronically and the policy documents related to my pet insurance, including any notices and updates thereto (collectively, the "Policy Documents"), will be made available to me electronically. {{Your Company Name}} is authorized to send, and I agree to accept delivery of, all Policy Documents electronically; accordingly, I understand that I will not be receiving copies of the Policy Documents by standard mail unless required by the department of insurance of the state in which I reside. If I decide that I no longer wish to receive the Policy Documents electronically, I shall contact {{Your Company Name}} at [insert {{Your Company Name}} email address] to request that the Policy Documents be sent to me by non-electronic delivery.

It is my responsibility to provide {{Your Company Name}} with a valid and current email address and to check that email address regularly for important Policy Documents from {{Your Company Name}}.

I have read {{Your Company Name}}'s Terms of Use, Insurance Fraud Warnings, and California Disclosure.

I understand and agree that by clicking Place Order, {{Your Company Name}} is authorized to charge my credit card or debit card or debit directly my checking account for payments as specified by my chosen payment plan.

I understand that my policy may automatically renew at expiration unless I notify {{Your Company Name}} otherwise. {{Your Company Name}} is authorized to automatically charge my

credit card or debit card, or debit directly my checking account, as applicable, at the time of renewal unless I notify {{Your Company Name}} otherwise.

I understand that any non-disclosure or misrepresentation or non-payment of premium may result in cancellation of or non-renewal of this policy.

Fraud Warning Language:

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| Alabama    | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.   |
| Alaska     | Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.   |
| Arizona    | For your protection arizona law requires the following statement to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties   |
| Arkansas   | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  |
| California | Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.   |
| Colorado   | It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. penalties may include imprisonment, fines, denial of insurance, and civil damages. any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. |
| Delaware   | Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.   |

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| Florida       | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.  |
| Idaho         | Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.   |
| Indiana       | A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.  |
| Kentucky      | Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. |
| Louisiana     | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.   |
| Maine         | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. penalties may include imprisonment, fines or a denial of insurance benefits.   |
| Maryland      | Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.                                   |
| Minnesota     | A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.   |
| New Hampshire | Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in rsa 638:20.   |
| New Jersey    | Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.  |
| New Mexico    | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application   |

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|              | for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.   |
| Ohio         | Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.  |
| Oklahoma     | Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  |
| Oregon       | Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.  |
| Pennsylvania | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.                |
| Rhode Island | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.   |
| Tennessee    | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. penalties include imprisonment, fines and denial of insurance benefits.  |
| Texas        | Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.  |
| Utah         | Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah workers compensation claims only. |

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| Virginia         | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. penalties include imprisonment, fines and denial of insurance benefits.   |
| Washington       | It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. penalties may include imprisonment, fines, or denial of insurance benefits.  |
| West Virginia    | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  |
| All other States | Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. |

## California Insurer Disclosure of Important Policy Provisions

Please read Your Policy carefully for complete information on the coverage provided. If there is any conflict between the Policy and this notice, the provisions of the Policy will prevail.

### Exclusions

#### **Pre-Existing Conditions**

We do not cover **Pre-existing conditions**. **Pre-existing conditions** means:

A **Medical Condition**<sup>1</sup> that first occurred or showed **Clinical Signs**<sup>2</sup> before the effective date of the Policy, as shown on the Declarations Page, or showed **Clinical Signs** during the **Waiting Period**<sup>3</sup>.

#### **Congenital Anomalies or Disorders**

We do not cover costs or fees for any conditions or disorders present at, and existing from, the birth of Your **Pet** where **Clinical Signs** were apparent prior to the effective date of the Policy, as shown on the Declarations Page, or prior to the expiration of the **Waiting Period**.

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

### Waiting Period

There is a 15-day **Waiting Period** from the Pet Policy Effective Date for **Injury** and **Illness** and additional **Waiting Periods** may apply based on additional types of coverages You elect to purchase. Please refer to the **Waiting Periods** listed on the Declarations Page of Your Policy for more information.

### Deductibles

The **Deductible** is the amount, whether annual or per incident, You are required to pay, per **Pet**, for **Treatments** covered by Your Policy before We begin to reimburse You. Your **Deductible** is shown on the Declarations Page of Your Policy.

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<sup>1</sup> **Medical Condition** means: All **Clinical Signs** and symptoms resulting from the same diagnostic classification or disease process, regardless of the number of incidents or areas of the body affected.

<sup>2</sup> **Clinical Signs** means: Changes in Your **Pet's** normal healthy state, bodily functions, or behavior as observed by any individual and recorded in Your **Pet's** medical records unless caused by an **Accident** or **Illness**.

<sup>3</sup> **Waiting Period** means: A period at the beginning of the initial **Policy Period** during which We will not cover any **Injury** or **Illness** of Your **Pet**. The **Waiting Period** will not apply at renewals if continuous coverage is maintained. Additional **Waiting Periods** for knees and endorsements may apply. Refer to the Declarations Page for the applicable **Waiting Periods**.

### **Copayments**

The **Copayment** is the percentage of Your **Claim** for which You are required to pay after any applicable **Deductible** amount is applied. Your **Copayment** is shown on the Declarations Page of Your Policy.

### **Annual and Lifetime Policy Limits**

Your Policy contains an **Annual Benefit**, which is the most We will pay during a **Policy Period** as shown on Your Declarations Page. Your Policy also contains a **Lifetime Benefit**, which is the most We will pay during the lifetime of Your **Pet**, as shown on Your Declarations Page.

### **Payment of Claims**

Reimbursements are based on Your actual veterinary bill. We determine the total of the covered treatments and multiply that by Your reimbursement level determined by Your **Copayment**. Thereafter, We subtract Your remaining annual **Deductible**, if any. We provide the following as an example:

|                  |   |
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| \$1,200          | Covered Treatments                                      |
| <u>    X 90%</u> | Your reimbursement level based on Your <b>Copayment</b> |
| \$1,080          |   |
| <u>  -\$100</u>  | Your remaining annual <b>Deductible</b>                 |
| \$980            | Reimbursable Amount                                     |

### **Benefits Schedules**

The below benefit schedules may apply to the coverage afforded under Your Policy, however, whether You choose to purchase certain additional coverages offered will determine whether certain benefit schedules apply. Please consult Your Policy and any endorsements for a complete explanation of Your potentially applicable benefits schedules

| <b>Coverage</b>                     | <b>Benefit Schedule</b> |
|-------------------------------------|-------------------------|
| Emergency Ambulance Transportations | \$100                   |
| Anesthetic Removals                 | No more than two (2)    |
| <b>Mortality Benefit</b>            | Endorsement Limit       |
| Cremation & Burial Expenses         | \$250                   |



|                          |                             |
|--------------------------|-----------------------------|
| Replacement Cost         | 150                         |
| <b>Prescription Drug</b> | 50% of the Costs of<br>Meds |

**Changes to Your Coverage**

Your coverage, **Copayments** and **Deductibles** may change due to Your **Pet's** claims experience. Premium increases may be based on Your **Pet's** claims experience.

Please refer to Your Policy and any attached Endorsements carefully for complete coverage details.