

Terms & Conditions

For the specific coverage chosen for each pet refer to that pet's Certificate of Insurance.

PART I: GENERAL CONDITIONS

In order for Coverage under this certificate to apply and as a precondition to our agreement to reimburse you for Treatments, you must satisfy the following General Conditions:

1. Unless otherwise disclosed, your Pet must be in sound health and free from any Injury, physical disability, and Illness at the beginning of the Period of Insurance. If your Pet has any Pre-existing or Foreseeable Conditions then you must disclose these in the application prior to the Effective Date of the certificate.
2. Your Pet must have been examined by a Veterinary Provider in the twelve (12) months prior to the Effective Date or within the fourteen (14) day Waiting Period.
3. All Treatment must be performed by a Veterinary Provider that you may freely choose.
4. You must arrange for a Veterinarian to examine and treat your Pet as soon as possible after it shows Clinical Signs of Injury or Illness.
5. You are financially responsible to your Veterinary Provider for payment of all Treatment. Under this insurance contract we will reimburse you for costs you have paid, in excess of your Deductible, to your Veterinary Provider, but not in excess of the Usual, Customary and Reasonable Charges, in accordance with the terms, conditions, and limits of the certificate.
6. Your Pet must regularly reside with you and be under your regular care and supervision at the physical address listed on the application.
7. You give us permission to gather all necessary medical information for your Pet from all your Veterinary Providers, present and past, as necessary.

PRE-CERTIFICATION FOR CERTAIN TYPES OF PROCEDURE

To avoid coverage surprises, we strongly encourage you to complete a pre-certification form and submit it to us before your Veterinary Provider orders any of the following procedures:

- (1) magnetic resonance imaging (MRI) scan
- (2) computer-aided tomography (CT) scan
- (3) partial or complete hip replacement
- (4) cruciate ligament repair
- (5) dental surgery
- (6) home visits because your Pet is unable to travel to the usual location of the Veterinarian,
- (7) any time the anticipated costs of a course of Treatment are expected to go over US\$1,000.

We will let you know if, and how much of, the Treatment is covered under the terms and conditions of your certificate within five (5) working days of receiving your Pet's full medical history, the itemized estimated charges and procedures in question, and a completed pre-certification form.

In case of a medical emergency, please contact us as soon as possible after Treatment has begun if you would like to request a pre-certification.

PART II: GENERAL PROVISIONS

PAYING YOUR PREMIUMS

Your certificate does not become legally binding until you have paid your premium. The premium is payable when you take out a new certificate and when you renew an existing certificate. Your certificate is an annual contract of insurance with the option to pay annually or monthly. **You must pay your premiums in full and on time to remain covered.**

CANCELLATION

You may cancel this certificate by writing to us and stating the future date that you wish the cancellation to be effective.

We may cancel this certificate at any time within the first sixty (60) days of the initial Period of Insurance.

To cancel this certificate, we will mail you a notice of cancellation to the named insured shown on the application at the last known address shown in our records. If we cancel this certificate within the first sixty (60) days after the Effective Date, notice of cancellation will be mailed at least thirty (30) days before the Effective Date of the cancellation.

After this certificate has been in effect for more than sixty (60) days, notice of cancellation due to any reason other than nonpayment of premium will be mailed at least sixty (60) days before the effective date of cancellation.

If we cancel this certificate at any time due to nonpayment of premium, notice of cancellation will be mailed at least ten (10) days before the Effective Date of the cancellation.

After this certificate is in effect for more than sixty (60) days, or if this is a renewal or continuation certificate, we may only cancel for one or more of the following reasons:

1. You fail to pay your premium by the due date in accordance with the certificate terms.
2. The certificate was obtained through a material misrepresentation in your application, the content of which is specifically incorporated into and as a material term of this certificate.
3. The risk originally accepted has measurably increased. For example, if your dog becomes a bomb sniffing dog or an avalanche rescue dog.
4. We have agreed to issue a new certificate with the same or an affiliated company.
5. The Department of Insurance of the state governing the certificate determines that a continuation of the certificate could place us in violation of that state's insurance laws.
6. You fail to comply with the certificate terms and conditions in a manner that prejudices or negatively impacts our ability to properly assess or evaluate the claim or other material rights we have under the certificate.

With respect to cancellation, this certificate is neither severable nor divisible. Any cancellation will be effective for all Coverage for all persons and all Pets. If this certificate is canceled, Coverage will not be provided as of the effective date and time shown on the notice of cancellation.

PART II: GENERAL PROVISIONS (continued)

CANCELLATION REFUND

Upon cancellation, you may be entitled to a premium refund. If you provide us written notice of cancellation within thirty (30) days of the Effective Date and you have made no claim, we will refund the premium you paid us and the policy will be canceled.

If you have made a claim within thirty (30) days of the Effective Date, the premiums paid for or allocable to the first month of coverage become fully earned upon the submittal of the claim, and you will only receive a refund for any premiums paid for periods beyond the first month.

After the first thirty (30) days of the Period of Insurance, we will compute any refund due on a daily pro-rata basis.

NONRENEWAL

If we decide not to renew or continue this certificate, we will mail notice of non-renewal to the named insured shown on the application at the last known address appearing in our records. Notice, including the reason for non-renewal, will be mailed at least sixty (60) days before the end of the Period of Insurance.

JOINT AND INDIVIDUAL INTERESTS

If there is more than one Named Insured on this certificate, any Named Insured may cancel or change this certificate. The action of one Named Insured shall be binding on all persons afforded Coverage under this certificate.

TRANSFER

This certificate may not be transferred to another person without our written consent.

PERIOD OF INSURANCE AND TERRITORY

This certificate applies only to Injuries and Illnesses occurring during the Period of Insurance shown on the Declaration and which occur within any state, territory, or possession of the United States of America, any province or territory of Canada, or any province or territory of Mexico.

PART III: GENERAL DEFINITIONS

Except as otherwise defined in this certificate, the following terms appearing in boldface and then capitalized in the certificate have the following meaning:

1. **Accident** means an unexpected and unintended event causing Injury to your Pet.
2. **Allowable Charge** is the lesser of the Treatment charge and its corresponding Usual, Customary and Reasonable Charge.
3. **Alternative and Complementary Therapies** include but are not limited to acupuncture, chiropractic treatment, hydrotherapy, and physiotherapy and are performed by a Veterinarian.
4. **Annual Maximum** as shown on the Schedule Page(s) is the maximum amount we will reimburse you per Pet in a Period of Insurance. The Annual Maximum does not include the Deductible and Co-payment amounts you pay.
5. **Bilateral Condition** is a condition or disease that affects both sides of the body.
6. **Chronic Condition** is a detectible condition that, once developed, is deemed incurable or likely to continue for the remainder of a Pet's life.
7. **Claim** is when you request reimbursement of an amount under the terms of your certificate for a Treatment by a Veterinarian of your Pet identified in the Schedule Page(s).
8. **Clinical Signs** are changes in a Pet's normal healthy state, bodily function or behavior.
9. **Co-payment** as shown on the Schedule Page(s) is the percentage of the covered Allowable Charge for which you are responsible per Pet and for which we will not reimburse you. It does not include amounts you may have paid for Treatments that are in excess of Usual, Customary and Reasonable Charges or amounts you must pay as your Deductible.
10. **Coverage** is the insurance protection described in this form, Schedule Page(s), and any extensions of coverage, as well as on the Declaration.
11. **Declaration** means the document from us listing:
 - a. the Named Insured(s)
 - b. the Period of Insurance
 - c. the Coverage
 - d. the premiums for your Coverage
 - e. the total due
12. **Deductible** is shown on the Schedule Page(s) and is an annual amount. It is the amount you pay per Pet for Treatments covered by this certificate before we will begin to reimburse you.
13. **Effective Date** means the date on which your coverage begins as stated on the Declaration.
14. **Genetic or Congenital Condition** means an Illness whose presence is determined solely by hereditary factors and that may or may not be present on the Effective Date of the certificate.
15. **Illness** means sickness, disease, or any change in a Pet's normal, healthy state that occurs in the Period of Insurance after the applicable Waiting Period, which is not caused by Injury to the Pet.

PART III: GENERAL DEFINITIONS (continued)

- 16. Injury** means physical harm or damage arising from an Accident that occurs in the Period of Insurance after the applicable Waiting Period, which is independent of any other causes including any known or unknown Pre-existing physical, Genetic or Congenital Condition.
- 17. Medical Director** means a Veterinarian who may be assigned by us to monitor and review the appropriateness of the services provided to the Pet and the reasonableness of the fees.
- 18. Medication** means any drug, hormone, vitamin, protein or other substance other than unadulterated food or drink.
- 19. Named Insured** means the insured person(s) named in your certificate.
- 20. Orthopedic** means related to the musculoskeletal system, which is made up of the body's bones (the skeleton), muscles, cartilage, tendons, ligaments, joints, and other connective tissue (the tissue that supports and binds tissues and organs together).
- 21. Period of Insurance** means the period of time in which your certificate is in effect. In this certificate's case, it is one year. The first Period of Insurance begins on the certificate's Effective Date. Any other Period of Insurance begins on the yearly anniversary of the Effective Date.
- 22. Pet** is a cat or dog named and described in the Schedule Page(s) and both owned by you and generally residing with you.
- 23. Professional Services** are diagnosing, treating, operating, or prescribing for any cat or dog disease, pain, injury, deformity or physical condition.
- 24. Pre-existing or Foreseeable Condition** is an Illness or Injury that first occurred or showed Clinical Signs before the Effective Date or within the certificate Waiting Period.
- 25. Recurring Condition** means an Illness that is temporarily curable but that may recur.
- 26. Schedule Page(s)** means the document(s) from us listing:
- the types of Coverage you have elected per Pet;
 - the limit for each Coverage per Pet;
 - the premiums for your Coverage per Pet;
 - the specified Pets covered by this certificate; and
 - other information applicable to this certificate.
- 27. Treatment** means any examination, consultation, hospitalization, anesthesia, surgery, X-rays, MRI or CT scans, alternative or complementary therapies, laboratory tests, nursing or other care provided and administered by a Veterinary Provider during the Period of Insurance.
- 28. Usual, Customary, and Reasonable Charge** means the charge for veterinary care that is consistent with charges for identical or similar services in your geographical area.

PART III: GENERAL DEFINITIONS (continued)

29. Veterinarian means a currently licensed and admitted Doctor of Veterinary Medicine who actively works in the United States, Canada, or Mexico. Veterinarians providing Alternative and Complementary Treatments must belong to one of the following associations:

- a. American Veterinary Chiropractic Association
- b. Academy of Veterinary Homeopathy
- c. American Academy of Veterinary Acupuncture
- d. American Holistic Veterinary Medical Association

30. Veterinary Provider means a Veterinarian, veterinary technician, or veterinary nurse duly licensed and authorized in the state in which Treatment is performed.

31. Veterinary Specialist means a veterinarian who has received a specialist designation from a veterinary college in the country he/she provides services.

32. Waiting Period means a time period where the certificate's Coverage is restricted. For this certificate, the time period is fourteen (14) days for Injuries and Illnesses if covered, except for Orthopedic conditions for dogs where the waiting period is six (6) months if covered. You may apply to reduce the Orthopedic Waiting Period by having your Veterinarian perform, at your own expense, an Orthopedic examination on your dog and submitting the results to Embrace Pet Insurance for review. The Orthopedic examination must occur on or after your dog's Effective Date and the results must be documented and signed by your Veterinarian on Embrace's Canine Orthopedic Examination Report Card. Depending on the results of the Orthopedic examination, Embrace Pet Insurance may reduce the Orthopedic Waiting period for some or all Orthopedic conditions to fourteen (14) days or the date of the Orthopedic examination, whichever is later.

The Waiting Period starts from the Effective Date. Conditions that occur during the Waiting Period will be excluded from your certificate's Coverage as a Pre-existing Condition. The Waiting Period also applies to coverage increases but is waived for certificate renewals and extension of coverage renewals.

33. We, Us, Our, Ours, The Company means the company providing the insurance, as shown on the Declaration.

34. You, Your, Yours means a person or persons shown as named insured on the Declaration.

PART IV: ACCIDENT COVERAGE

In consideration of the premium paid and subject to certificate terms and conditions, we will reimburse you for the cost of Treatment, subject to your Deductible, Co-payment and Annual Maximum, for an Injury to your Pet during the Period of Insurance resulting from the following Named Perils:

1. An Accident (a) involving a motor vehicle; (b) caused by the aggressive behavior of another animal; (c) resulting in fractures, broken bones, lacerations or abrasions; (d) causing dental trauma; (e) involving a fall from an elevated position; (f) resulting in burns or electrocution, (g) resulting from ingesting poison or; (h) involving otherwise normal behavior by your Pet that results in an Injury;
2. An allergic reaction to an insect bite, other than fleas;
3. Foreign body ingestion that requires the removal, endoscopically, surgically, or otherwise, of a foreign body that your Pet has ingested.

We will reimburse you for fees, including tax, for:

1. Non-elective surgery;
2. X-rays or ultrasounds;
3. Professional Services rendered by your Veterinary Provider;
4. Medical supplies required to perform covered procedures performed in the Veterinarian's office and other medical supplies, where deemed medically necessary by the Veterinarian, such as an Elizabethan collar.
5. Laboratory tests required by your Veterinary Provider;
6. Hospitalization required in order for your Veterinary Provider to deliver nursing care, administer medication to, or monitor your Pet;
7. Medication administered by a Veterinarian or under the direct care of a Veterinarian that is certified by the Food and Drug Administration of the United States;
8. Endodontic Treatment, such as root canals and crowns, where deemed medically necessary by our Medical Director;
9. Euthanasia where necessary for humane reasons;
10. Medical waste disposal.

PART IV: ACCIDENT COVERAGE (continued)

EXCLUSIONS

Please read the following exclusions carefully. If an exclusion applies, we will not provide Coverage under the certificate and you will not be reimbursed for any fees you have paid for:

1. Pre-existing or Foreseeable Conditions. A specific example is discussed below:

If your Pet has been diagnosed, prior to being insured, with a Bilateral Condition on one side of the body, she/he runs a higher risk of the same condition on the other side of the body and future conditions will not be covered. For example, if a dog has been diagnosed with a cruciate tear in his left leg before he was insured, a cruciate tear in his right leg is considered Pre-existing
2. Accidents arising from any previously observed behavioral problems
3. More than one (1) removal of an ingested foreign body in one (1) policy period
4. Costs arising from prosthetic limbs and devices
5. Orthodontic treatment
6. Any future complications or Illness as a result of any Named Peril that is not part of the initial course of Treatment for the Injury or Illness. For example, future Treatment(s) for liver damage from poisoning
7. The cost of disposing of your Pet's remains
8. Costs of Treatments arising from your decision to pursue a course of treatment other than that which was recommended to you by your Veterinarian, unless specifically authorized by us prior to Treatment. Examples include:
 - a) Cost of Treatments continued after a veterinarian has recommended a pet be euthanized for humane reasons
 - b) Ignoring a Veterinarian's recommendation to amputate a leg, resulting in extra costs associated with treatment of gangrene
 - c) Ignoring a Veterinarian's recommendation to remove an eye, resulting in extra costs associated with chronic eye issues
9. Treatment for any Injury or Illness deliberately caused by you, your family members, anyone living with you, or any other persons who have care, custody, or control of your Pet
10. Treatment for Injury or Illness caused by the aggressive actions of another animal when that animal permanently or temporarily resides or is cared for in your household.
11. Treatment for Injury or Illness caused by deliberate endangerment of your Pet, such as organized fighting and racing
12. Treatment for Injury or Illness caused by neglect of your Pet, such as leaving your Pet in a vehicle on a hot day
13. Any fees charged by a Veterinary Provider or others for completing any forms.

PART IV: ACCIDENT COVERAGE (continued)

14. Costs of any Treatment resulting from:
- a) avian flu or any mutant variation
 - b) intentional slaughter by, or under, the order of any government or public or local authority
 - c) a nuclear reaction, radiation, radioactive contamination or the discharge of a nuclear device, whether controlled or uncontrolled, accidentally or otherwise.
 - d) a chemical, biological, bio-chemical or electromagnetic weapon, device, agent or material whether controlled or uncontrolled, accidentally or otherwise.
 - e) war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped, strikes, riots, or civil commotion.
15. Treatment for Injury or Illness resulting from criminal acts that are committed by you, your family members, anyone living with you, or any other persons who have care, custody, or control of your Pet, including but not limited to treatment of marijuana ingestion

PART V: WHAT YOU MUST DO TO MAKE A CLAIM

CONTACT INFORMATION

Embrace Pet Insurance

phone: (800) 511-9172

Claims Department

fax: (800) 238-1042

781 Beta Drive, Suite D

email: claims@embracepetinsurance.com

Mayfield Village, OH 44143

web: www.embracepetinsurance.com

PROCEDURE

Any Claim you make will be assessed fairly, reasonably and promptly against the information you provide and the terms of the certificate.

1. Once you have reached your Annual Deductible, all Claims must be submitted and received by us within sixty (60) calendar days of the date of your last visit to the Veterinarian. You must send us a claim form that has been properly completed. We will then write to you with our decision.
2. We will not guarantee on the phone if we cover a claim.
3. We reserve the right in our sole discretion to deny any Claim for reimbursement first submitted to us in writing more than sixty (60) calendar days after the Treatment, regardless of the cause of the delay and without our being required to show that we were prejudiced or harmed by the delay.
4. All Claims must be lodged on the Embrace Pet Insurance Agency claims form that we email you with your certificate documents. You may also download the claim form from our web site or print it from your home or your Veterinary Provider's office. You may also ask us to mail you a claims form.
5. You must provide all itemized invoices from your Veterinary Provider and all receipts for payment along with your completed claim form before we will reimburse you. Save the originals in case we require them from you.
6. We understand that extenuating circumstances such as emergency situations or veterinary care of great expense may occasionally necessitate special claim payment arrangements. Please call us immediately if you require special arrangements so that we may advise you of the options that are available.
7. If, when you make a Claim, there is any other insurance, including but not limited to pet insurance, to which you are entitled to payment, we will only pay our share of the Claim. You must tell us the name and address of the other insurance company and your policy number with them. If you have any legal rights against another person in relation to your Claim, we may take legal action against them in your name at our expense. You must provide any documents we ask for that are related to your claim.

We will send you an Explanation of Benefits form that shows how we determined the amount to reimburse you for your Claim. If you disagree with the outcome of your Claim, you may dispute it as described in the following pages.

PART VI: COMPLAINTS

CONTACT INFORMATION

Embrace Pet Insurance

phone: (800) 511-9172

Customer Relationship Manager

fax: (800) 238-1042

781 Beta Drive, Suite D

email: claims@embracepetinsurance.com

Mayfield Village, OH 44143

web: www.embracepetinsurance.com

PROCEDURE

If you are not satisfied with the way we have handled your Claim or you are not happy with your certificate, you may contact us using the information above.

We will contact you within five (5) working days of receiving your complaint to tell you what we are doing about it. We will try to answer within two (2) weeks. If it will take us longer than two (2) weeks to complete our review, we will tell you when you can expect an answer.

ARBITRATION AGREEMENT

You and the Company agree that any dispute arising from this certificate, and any claims, including the enforceability of this arbitration agreement, by whomever made, including third parties not signatories to the certificate application or renewal form to the full extent permitted by law, shall be resolved by binding arbitration by the National Arbitration Forum, under the Code of Procedure then in effect.

Any award of the arbitrator(s) may be entered as a judgment in any court having jurisdiction. In the event a court having jurisdiction finds any portion of this agreement unenforceable, that portion shall not be effective and the remainder of the agreement shall remain effective.

Information may be obtained and claims filed at any office of the National Arbitration Forum, www.adrforum.com, or by mail at National Arbitration Forum, P.O. Box 50191, Minneapolis, MN 55405-0191.

For purposes of this arbitration agreement, "any dispute arising from the certificate" includes but is not limited to:

1. Any dispute concerning whether this certificate covers the claim you make or benefits under the certificate;
2. Any dispute concerning the amount of benefits due on a claim you make for benefits under the certificate;
3. Any disputes concerning whether the company has breached any duty owed you, including a duty to act in good faith towards you in handling and/or paying a claim you make for benefits under the certificate.

In your application for this certificate you accepted this arbitration clause. Unless you provide us with a written objection to this arbitration clause within 30 calendar days of the Effective Date we will consider that you have further confirmed your acceptance of this arbitration clause.

ADDITIONAL CLAUSES

LLOYD'S PRIVACY POLICY STATEMENT

UNDERWRITERS AT LLOYD'S, LONDON

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:

1. Information contained in applications or other forms that you submit to us, such as name, address, and social security number
2. Information about your transactions with our affiliates or other third-parties, such as balances and payment history
3. Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

CONFIDENTIALITY AND SECURITY

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information that is in our possession.

CONTACTING US

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request.

06/03 LSW1135B

ADDITIONAL CLAUSES (continued)

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

08/94 LSW1001 (Insurance)

SERVICE OF SUIT CLAUSE (U.S.A.)

It is agreed that in the event of the failure of the Underwriters hereon to pay any amount claimed to be due hereunder, the Underwriters hereon, at the request of the Insured (or Reinsured), will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States.

It is further agreed that service of process in such suit may be made upon **A. J. Wayne & Associates, 2551 North Clark Street, Suite 601, Chicago, Illinois, 60614** and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon the request of the Insured (or Reinsured) to give a written undertaking to the Insured (or Reinsured) that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured (or Reinsured) or any beneficiary hereunder arising out of this contract of insurance (or reinsurance), and hereby designate the above-named as the person to whom the said officer is authorized to mail such process or a true copy thereof.

24/4/86 NMA1998

ADDITIONAL CLAUSES (continued)

CANCELLATION CLAUSE

NOTWITHSTANDING anything contained in this Insurance to the contrary this Insurance may be cancelled by the Assured at any time by written notice or by surrendering of this Contract of Insurance. This Insurance may also be cancelled by or on behalf of the Underwriters by delivering to the Assured or by mailing to the Assured, by registered, certified or other first class mail, at the Assured's address as shown in this Insurance, written notice stating when, not less than 10 days thereafter, the cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice and this Insurance shall terminate at the date and hour specified in such notice.

If this Insurance shall be cancelled by the Assured the Underwriters shall retain the customary short rate proportion of the premium hereon, except that if this Insurance is on an adjustable basis the Underwriters shall receive the Earned Premium hereon or the customary short rate proportion of any Minimum Premium stipulated herein whichever is the greater.

If this Insurance shall be cancelled by or on behalf of the Underwriters the Underwriters shall retain the pro rata proportion of the premium hereon, except that if this Insurance is on an adjustable basis the Underwriters shall receive the Earned Premium hereon or the pro rata proportion of any Minimum Premium stipulated herein whichever is the greater.

Payment or tender of any Unearned Premium by the Underwriters shall not be a condition precedent to the effectiveness of Cancellation but such payment shall be made as soon as practicable.

If the period of limitation relating to the giving of notice is prohibited or made void by any law controlling the construction thereof, such period shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

20/4/61 NMA1331

Coverage Extensions

EXTENSION: CONTINUING CARE COVERAGE

THIS EXTENSION CHANGES YOUR CERTIFICATE, PLEASE READ IT CAREFULLY.

Subject to all the terms, provisions, conditions, limitations, and exclusions of the certificate and in consideration of the premium paid, we agree to modify your insurance certificate as shown below for the Period of Insurance.

We will reimburse you for the cost of Treatment your Pet receives in the current Period of Insurance for a) an Illness that first showed Clinical Signs in a prior Period of Insurance, or b) for an Injury that occurred in a prior Period of Insurance, with all continuing care benefits totaling no more than the continuing care maximum shown on the Schedule Page(s).

The maximum that we will pay for any Treatment is the Usual, Customary, and Reasonable Charge. The continuing care maximum contributes towards your Annual Maximum; it does not increase the Annual Maximum as shown on the Schedule Page(s).

EXTENSION: ILLNESS COVERAGE

THIS EXTENSION CHANGES YOUR CERTIFICATE, PLEASE READ IT CAREFULLY.

If your Certificate of Insurance indicates that your Pet is eligible for Illness coverage then, subject to all the terms, provisions, conditions, limitations, and exclusions of the certificate and in consideration of the premium paid, we agree to modify your Certificate of Insurance as shown below for the Period of Insurance.

We will reimburse you for Treatment your Pet receives during the Period of Insurance due to Illness as a result of a condition that was:

- a) not a Chronic Condition previously observed by You or
- b) not diagnosed to have first occurred or to have shown Clinical Signs for a period of twelve (12) consecutive months prior to the date the Clinical Signs of the Illness were first seen in the first Period of Insurance as certified by your Veterinarian.

We will reimburse you for fees, including tax, for:

1. A Genetic or Congenital Condition.

Coverage is up to the Annual Maximum as shown on the Schedule Page(s), subject to the Deductible and Co-payment requirements.

The maximum that we will reimburse you for any treatment is the Usual, Customary, and Reasonable Charge. The addition of the Illness Coverage Extension does not increase the Annual Maximum as shown on the Schedule Page(s).

ADDITIONAL EXCLUSIONS

We will not pay for any of the following treatments unless specifically authorized by us prior to treatment.

1. Pre-existing or Foreseeable Conditions. Some specific examples are discussed below:
 - a. Any Pet diagnosed or treated for intervertebral disk disease (IVDD) prior to being insured runs a higher risk of further episodes of IVDD and will not be covered for any future incidences of this condition.
 - b. If a Pet has been diagnosed or treated for cancer prior to being insured, further incidences of any type of cancer in any location in the body are not covered. This exclusion includes any conditions that are a direct result of the cancer.
 - c. If a Pet has been diagnosed or treated for hyperthyroidism prior to being insured, hyperthyroidism treatments and medication are not covered, as well as any kidney, heart, and high blood pressure conditions that may develop.
2. Routine exams or tests; preventative Treatments, tests or diagnostic procedures; vaccinations; flea

EXTENSION: ILLNESS COVERAGE (continued)

3. Cosmetic or aesthetic surgery, or elective surgery including tail docking, ear cropping, de-clawing and those not related to Injury, Illness, trauma, or impaired mobility.
4. Medication not approved by the Food and Drug Administration of the United States, as well as natural supplements, vitamins, and all foods, whether prescribed or not.
5. Treatment for an Illness related to the teeth and gums.
6. Treatments for any Illness that the American Animal Hospital Association's Canine Vaccine Guidelines or the American Association of Feline Practitioners Feline Vaccination Guidelines recommends you vaccinate your Pet to prevent. For a dog, canine parvovirus (CPV), canine distemper virus (CDV), canine adenovirus (CAV), and rabies are excluded. For a cat, feline herpesvirus 1 (FHV1), feline calicivirus (FCV), feline panleukopenia virus (FPV), rabies, and feline leukemia virus (FeLV) are excluded.
7. Non-medically necessary services as determined by our Medical Director. We may not be able to determine medical necessity until after services are performed.
8. Services performed by Veterinary Provider for his/her own cat or dog.
9. Organ transplants.
10. Genetic/chromosome testing.
11. Procedures to determine the suitability or categorization of your Pet for breeding or genealogical purposes, including PennHIP and OFA evaluations.
12. Costs resulting from breeding, pregnancy, whelping or queening.
13. Costs arising from cell-replacement therapies, including but not limited to stem cell therapy, except where deemed medically necessary by our Medical Director. This exclusion does not include blood transfusions, which are covered when medically necessarily.
14. Costs arising from Pet cloning.
15. Costs arising from epidemics as declared by the US Department of Agriculture.

PREVENTATIVE CARE

Routine or preventative care is not covered under this certificate; **HOWEVER, YOU MUST TAKE YOUR PET FOR AN ANNUAL CHECK-UP PERFORMED BY A VETERINARIAN TO REMAIN COVERED.**

EXTENSION: DRUG & DENTAL COVERAGE

THIS EXTENSION CHANGES YOUR CERTIFICATE, PLEASE READ IT CAREFULLY.

If you have paid the premium for this extension and subject to all the terms, provisions, conditions, limitations, and exclusions of the certificate, we agree to modify your insurance certificate as shown below for the Period of Insurance.

We will reimburse you for dental Treatment your Pet receives during the Period of Insurance due to Illness as a result of a condition that has not occurred for a period of twelve (12) consecutive months prior to the date the Clinical Signs of the Illness were first seen in the first Period of Insurance as certified by your Veterinarian. Coverage is up to the Annual Maximum as shown on the Declaration.

We will also reimburse you for drugs your Veterinarian prescribes as part of your Pet's Treatment for an Accident or Illness covered by your insurance certificate.

We will reimburse you for costs resulting from:

1. Medication prescribed by a Veterinarian that is certified by the Food and Drug Administration of the United States.
2. Medical supplies required to administer covered medications such as needles, IV lines, glucose test strips.
3. Treatment for an Illness related to the teeth and gums.
4. Removal of teeth where medically necessary due to a) dental disease arising from infection, b) misalignment caused by a tooth missing above or below the tooth in question, or c) retained deciduous teeth.

Coverage is up to the Annual Maximum as shown on the Schedule Page(s), subject to the Deductible and Co-payment requirements.

The maximum that we will pay for any Treatment is the Usual, Customary, and Reasonable Charge. The addition of the Drugs and Dental Coverage Extension does not increase the Annual Maximum as shown on the Schedule Page(s).

ADDITIONAL EXCLUSIONS

We will not pay for any of the following Treatments unless specifically authorized by us prior to Treatment.

1. Teeth cleaning (dental prophylaxis).
2. Orthodontic Treatment.
3. Endodontic Treatment, such as root canals and crowns, except where deemed medically necessary by our Medical Director.