

Pet Health Insurance Customizable Policy



American Modern Home Insurance Company
A stock insurance company

Main Office Mailing Address:
P.O. Box 5323
Cincinnati, Ohio 45201-5323

Your policy is underwritten by American Modern Home Insurance Company, rated A+ by A.M. Best.

EMBRACE
PET INSURANCE

Embrace Pet Insurance Agency LLC

Main Office Mailing Address:
P.O. Box 22188
Beachwood, Ohio 44122-0188

Your policy is fully administered by Embrace Pet Insurance Agency.

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IMPORTANT. This policy has been written in readable language to help you understand its terms.
PLEASE READ YOUR POLICY CAREFULLY

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PART I - DEFINITIONS

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

1. **We, Us, Our, Ours, The Company** means the company providing the insurance, as shown on the Declaration (not necessarily shown bold or capitalized for readability).
2. **You, Your, Yours** means a person or persons shown as Named Insured on the Declaration (not necessarily shown bold or capitalized for readability).
3. **Pet** is a cat or dog named and described in the Schedule Page(s) and both owned by you and residing with you.
4. **Accident(s)** means an unexpected or unintended event, which is specific as to place and time causing **Injury** to your **Pet**.
5. **Allowable Charge(s)** means the costs of the actual **Treatment(s)** provided by your **Veterinary Provider**.
6. **Alternative and Complementary Therapies** include but are not limited to acupuncture, chiropractic **Treatment**, hydrotherapy, and physiotherapy performed by or under supervision of a **Veterinarian**. **Veterinarians** providing **Alternative and Complementary Therapies** must be a registered member of one of the following associations:
 - a. American Veterinary Chiropractic Association;
 - b. Academy of Veterinary Homeopathy;
 - c. American Academy of Veterinary Acupuncture;
 - d. American Association of Rehabilitation Veterinarians, or
 - e. American Holistic Veterinary Medical Association.
7. **Annual Maximum** is the maximum amount we will reimburse your per **Pet** in a period of insurance. The **Annual Maximum** does not include the **Deductible** and **Co-payment** amounts you pay.
8. **Bilateral Condition** is a condition or disease that affects both sides of the body.
9. **Chronic Condition** is a detectible condition that, once developed, is deemed incurable or likely to continue for the remainder of a **Pet's** life.
10. **Claim** means your request for reimbursement of an amount under the terms of your policy for **Treatment** by a **Veterinary Provider** of your **Pet**.
11. **Clinical Signs** means observable changes in a **Pet's** normal healthy state, bodily function or behavior.
12. **Co-payment** is the percentage of the covered **Allowable Charge** for which you are responsible per **Pet** and which is not reimbursable under this policy.
13. **Coverage** is the insurance described in this policy.
14. **Deductible** is the annual amount you pay per **Pet** for **Treatments** covered by this policy before we will begin to reimburse you.
15. **Dermatological Condition** means an **Illness** related to your **Pet's** skin and is deemed to include ear infections and skin lumps but not conjunctivitis or parasitic infestations.
16. **Genetic Condition** means an **Illness** whose presence is determined by hereditary factors.
17. **Illness** means sickness, disease, or any change in a **Pet's** normal, healthy state, which is not caused by **Injury** to the **Pet**.
18. **Injury** means physical harm or damage arising from an **Accident**.
19. **Lifetime Maximum** is the maximum amount we will reimburse you per **Pet** during the lifetime of your **Pet(s)** for any and all **Treatments** for **Injury** or **Illness**.
20. **Medical Director** means a **Veterinarian** who may be assigned by us to monitor and review the appropriateness of the services provided to the **Pet**, the reasonableness of the fees, and the relationship between conditions.
21. **Medically Necessary** means directly and materially related to a covered **Illness** or **Injury**, in our reasonable judgment.
22. **Medication** means any veterinary recommended medications prescribed by your **Veterinarian** and approved by the Food and Drug Administration (FDA) of the United States or accepted for inclusion in the Homeopathic Pharmacopoeia of the United States for veterinary use. **Medication** also includes medical supplies required to administer those **Medications**.
23. **Orthopedic** means the musculoskeletal system, which is made up of the body's bones (the skeleton), muscles, cartilage, tendons, ligaments, and joints.
24. **Original Start Date** means the effective date when that **Pet** was first covered by a policy administered by Embrace Pet Insurance Agency LLC, unless otherwise stated on the Schedule Page.
25. **Preventative Care** means any **Treatment**, service or procedure, including but not limited to physical examinations, **Medications**, surgery, inoculations or laboratory procedures, for the purpose of prevention of **Injury** or **Illness** or for the promotion of general

health, where there has been no **Injury** or **Illness**.

26. Professional Services are diagnosing, treating, operating, or prescribing for any cat or dog **Illness** or **Injury**.

27. Pre-certification is a voluntary submission of a **Claim** estimate to determine if the corresponding **Claim** would be covered and an estimate of how much would be covered.

28. Pre-existing Condition(s) means:

a. a **Chronic Condition** observed by you or your **Veterinary Provider** prior to the end of the **Waiting Period** for your **Pet(s)** and any related conditions; or

b. an **Illness** or **Injury** that first occurred or showed **Clinical Signs** prior to the end of the **Waiting Period** for your **Pet** and any related conditions.

Undiagnosed conditions with the same **Clinical Signs** as those in **a.** or **b.** above are also considered pre-existing.

29. 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**.

30. Veterinarian means a currently licensed Doctor of **Veterinary Medicine**.

31. Veterinary Provider means a **Veterinarian**, veterinary technician or veterinary nurse currently licensed in the state in which **Treatment** is performed.

32. Waiting Period means the time period where the policy's **Coverage** is restricted. For this policy, the time period is fourteen (14) days for **Injuries** and **Illnesses**, except for **Orthopedic** conditions for dogs where the **Waiting Period** is six (6) months.

The **Waiting Period** starts from the **Original Start Date** for the **Pet**. Conditions that occur during the **Waiting Period** will be excluded from your policy's **Coverage** as **Pre-existing Conditions**. The **Waiting Period** also applies to **Coverage** increases but is waived for policy renewals and Optional Coverage renewals.

PART II - CONDITIONS

1. Your **Pet** must have been examined by a **Veterinarian** in the twelve (12) months prior to the **Original Start Date** for your **Pet(s)** as shown on the Schedule Page(s) or within fourteen (14) days after the **Original Start Date**.

You must take your **Pet** for an annual examination performed by a **Veterinarian**.

The examining **Veterinarian** cannot be you or be related to you. If you cannot fulfill this condition in the timeframe indicated, no **Coverage** is available until a qualifying **Veterinarian** has examined your **Pet** and **Pre-existing Conditions**, if any, may be determined upon the date of the **Veterinarian's** examination.

2. All **Treatment** must be performed by a **Veterinary Provider** that you may freely choose.

3. 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**.

4. You are financially responsible to your **Veterinary Provider** for payment of all **Treatment**.

5. Your **Pet(s)** must reside with you and be under your regular care and supervision at the physical address listed on the Schedule Page(s).

6. You must give us permission to gather all necessary medical information for your **Pet(s)** from all your **Veterinary Providers** as we deem necessary.

7. The standard **Orthopedic** condition **Waiting Period** for dogs is six (6) months from the **Original Start Date** shown on the Schedule Page for that dog.

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 us for review. The examining **Veterinarian** cannot be you or be related to you. The **Orthopedic** examination must occur on or after the **Original Start Date** for that dog and the **Veterinarian** must complete, sign and date the "Canine **Orthopedic** Examination Report Card" form based on that **Orthopedic** examination, which we shall supply upon request. Upon review of the results of the **Orthopedic** examination, we may reduce the **Orthopedic Waiting period** for some or all **Orthopedic** conditions to fourteen (14) days or the **Orthopedic** examination date, whichever is later.

PART III - INSURING AGREEMENT

IF SHOWN AS APPLICABLE IN THE SCHEDULE PAGE(S), THE FOLLOWING COVERAGES APPLY SEPARATELY TO EACH PET.

1. COVERAGE

In consideration of the payment of premium stated in the Declaration and the **Coverage** stated in Schedule Page(s) of this policy and subject to the terms, conditions and exclusions contained in our policy, we will reimburse you for **Allowable Charges** in excess of the **Deductible** amount, subject to **Co-Payment** requirements, for

Treatment(s) performed for conditions that started after the **Waiting Period** and during the policy period, which result from:

- a. **Accidents**, including but not limited to an automobile **Accident**, ingestion of a foreign body, poisoning, animal bites, gastric torsion, and cruciate ligament rupture, as well as **Accidents** resulting in dental trauma, burns, and fractures; (if shown as applicable on the Schedule Page(s)); or
- b. **Illnesses**, including but not limited to **Genetic Conditions**, cancer, and **Chronic Conditions** (if shown as applicable on the Schedule Page(s)).

We will reimburse you for the cost of **Treatment** your **Pet** receives in the current period of insurance for an **Illness** or **Injury** that first showed **Clinical Signs** after the end of the **Waiting Period**.

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

2. BENEFITS

We will reimburse you for **Medically Necessary Treatment**, including tax, for:

- a. Surgery;
- b. X-rays, ultrasounds, and other diagnostic tests;
- c. **Professional Services** rendered by your **Veterinary Provider**;
- d. 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;
- e. Laboratory tests required by your **Veterinary Provider**;
- f. Hospitalization required in order for your **Veterinary Provider** to deliver **Professional Services** to your **Pet**;
- g. **Medication** that is prescribed and directly administered by a **Veterinary Provider**. For example, **Medication** administered during a hospital stay;
- h. Endodontic **Treatment** for dental **Injuries**, such as root canals and crowns, where deemed **Medically Necessary** by our **Medical Director**;
- i. Euthanasia where necessary for humane reasons;
- j. Medical waste disposal.

3. DEDUCTIBLE AND CO-PAYMENT

Your **Deductible** is an annual amount. We will apply the **Deductible** to your **Allowable Charges** and then reduce your **Claim** reimbursement by your **Co-payment**.

Once your annual **Deductible** is reached, we will only reduce your **Claim** reimbursement by your **Co-payment**.

PART IV - EXCLUSIONS

Please read the following exclusions carefully. If an exclusion applies, we will not provide **Coverage** under this policy and you will not be reimbursed for any cost of **Treatment** you have paid for:

1. Pre-existing Conditions;

In addition, the following **Illness** or **Injury** shall be considered **Pre-existing Conditions**:

- a. 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 occurrences of the same condition will not be covered. For example, but not limited to, if a dog has been diagnosed with a cruciate tear in his left leg before the end of the **Waiting Period**, a subsequent cruciate tear in his right leg shall be considered **Pre-existing**;
- b. Any **Pet** diagnosed or treated for intervertebral disk disease (IVDD) prior to the end of the **Waiting Period** runs a higher risk of further episodes of IVDD and will not be covered for any future incidences of this condition.
- c. If a **Pet** has been diagnosed or treated for any form of cancer prior to the end of the **Waiting Period**, further incidences of any form of cancer in any location in the body are not covered. This exclusion includes any conditions that are a direct result of the cancer.
- d. If a **Pet** has been diagnosed or treated for hyperthyroidism prior to the end of the **Waiting Period**, any hyperthyroidism **Treatments** and **Medications** are not covered, as well as any kidney, heart, and high blood pressure conditions that may develop.

However, for the purposes of this exclusion, those conditions that started prior to the end of the **Waiting Period** that have not shown any **Clinical Signs** for a period of twelve (12) consecutive months shall not be considered **Pre-existing Conditions**:

Specific situations include but are not limited to:

- i. If your **Pet** showed **Clinical Signs** of any

Dermatological Condition prior to the end of the **Waiting Period**, your **Pet** must be free of any **Dermatological Conditions** for twelve (12) consecutive months before any **Dermatological Conditions** may be covered again.

- ii. If your **Pet** has been treated for undiagnosed vomiting and/or diarrhea prior to the end of your **Pet's Waiting Period**, your **Pet** must be free of conditions with the same **Clinical Signs** for twelve (12) consecutive months before any conditions with the same **Clinical Signs** may be covered again.
2. **Preventative Care** including, but not limited to, wellness exams or tests; preventative **Treatment**, tests or diagnostic procedures; vaccinations; flea and other parasite prevention; spaying or castration (including preventative sterilization surgery, such as for **Treatment** for cryptorchidism, chimerism, or chromosomal abnormalities); grooming and de-matting;
3. **Treatments for Accidents or Illnesses** arising from any **Pre-existing** behavioral problems. For example, a dog that has persistently eaten rocks or foreign objects prior to the **Original Start Date** shall not be covered for **Treatment** during the policy period for similar episodes;
4. More than one (1) removal of an ingested foreign body in one (1) period of insurance;
5. Any **Illness** as a result of a covered **Accident** that is not part of the initial course of **Treatment** for that **Injury**. For example, future **Treatment(s)** for liver damage from an accidental poisoning incident. This exclusion does not apply to policies with **Illness Coverage**;
6. The cost of disposing of your **Pet's** remains, unless indicated as an Optional Coverage on the Schedule Page(s);
7. The cost of boarding your **Pet**;
8. **Treatment** for an **Illness** related to the teeth and/or gums;
9. Orthodontic **Treatment**;
10. 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;
11. **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**;
12. **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;
13. **Treatment** for **Injury** or **Illness** caused by deliberate endangerment of your **Pet**, such as organized fighting;
14. **Treatment** for **Injury** or **Illness** caused by persistent neglect of your **Pet**;
15. **Treatment** for any **Injury** or **Illness** resulting from activities related to racing, personal protection, law enforcement or guarding, unless specifically authorized by us prior to the **Original Start Date** as shown on the Schedule Page for that **Pet**;
16. Cosmetic, aesthetic, or elective surgery including tail docking, ear cropping, de-clawing or any other surgical procedure not related to **Injury** or **Illness**;
17. Prescription **Medication** that is not directly administered by a **Veterinary Provider** (e.g., take-home drugs). This exclusion does not apply to policies with the optional Prescription Drug Coverage;
18. Natural supplements, vitamins, and all foods, whether prescribed or not;
19. **Treatments** for any **Illness** for which a vaccine is available for your **Pet** to prevent such **Illness** and for which vaccination is both recommended by your **Veterinary Provider** and rejected by you. For the purposes of this exclusion, such **Illness** shall include but not be limited to "core vaccinations" as stated by the American Animal Hospital Association Canine Vaccine Guidelines for your dog or "highly recommended vaccinations" as stated by the American Association of Feline Practitioners;
20. Any administration fees charged by a **Veterinary Provider** or others, including chart set-up fee or for providing information, which may be required by us;
21. Services performed by **Veterinary Provider** for his/her own cat or dog;
22. Costs for any **Treatment** for:
 - a. Prosthetic limbs and devices;
 - b. Organ transplants;
 - c. **Genetic**/chromosome testing;

- d. Procedures to determine the suitability or categorization of your **Pet** for breeding or genealogical purposes, including PennHIP and OFA evaluations;
- e. Costs resulting from breeding, pregnancy, whelping or queening;
- f. Costs arising from cell-replacement therapies, including but not limited to stem cell therapy, except where deemed **Medically Necessary** by our **Medical Director**;

23. Costs for any Treatment arising from:

- a. avian, swine, or any other type of influenza or any mutant variation;
- b. intentional slaughter by, or under, the order of any government or public or local authority;
- c. epidemics or pandemics as declared by the U.S. Department of Agriculture;

24. Costs for any Treatment arising from a nuclear reaction, radiation, radioactive contamination or the discharge of a nuclear device, whether controlled or uncontrolled, accidentally or otherwise;

25. Costs for any Treatment arising from a chemical, biological, bio-chemical or electromagnetic weapon, device, agent or material whether controlled or uncontrolled, accidentally or otherwise;

26. Costs for any Treatment arising from 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.

PART V - LIMITS OF INSURANCE

Regardless of the number of **Claims** made or covered **Injuries** or **Illnesses** that occur during the period of insurance, our total liability for each period of insurance for all covered benefits shall not exceed the amounts shown on the Schedule Page(s) under **Annual Maximum** or **Lifetime Maximum**.

Similarly, regardless of the number of **Claims** made or covered **Injuries** or **Illnesses** that occur during all periods of insurance, the most we will reimburse you for **Treatment** for all covered benefits shall not exceed the amounts shown on the Schedule Page(s) under **Lifetime Maximum**.

Once the **Lifetime Maximum** is reached per **Pet**, no further **Coverage** for **Treatments** of any and all **Injury** or **Illness** will be reimbursed for any future **Treatments** and/or **Claims** for that **Pet**.

PART VI - OPTIONAL COVERAGES

IF SHOWN AS APPLICABLE IN THE SCHEDULE PAGE(S), THE FOLLOWING OPTIONAL COVERAGES APPLY SEPARATELY TO EACH PET.

1. AMBULANCE CARE COVERAGE:

We will reimburse you for **Pet** ambulance transport costs in the case of a medical emergency.

This Optional Coverage, Ambulance Care Coverage, will not increase the **Annual Maximum** or the **Lifetime Maximum** Limits of Insurance. The **Deductible** and **Co-Payment** requirements apply to this Optional Coverage.

2. PRESCRIPTION DRUG COVERAGE:

We will reimburse you for **Medications** your **Veterinarian** prescribes as part of your **Pet's Treatment** for **Accident** or **Illness** for **Medication** costs for treatment of conditions that started after the **Waiting Period** and during the policy period.

This Optional Coverage, Prescription Drug Coverage, will not increase the **Annual Maximum** or the **Lifetime Maximum** limits of insurance. The **Deductible** and **Co-Payment** requirements apply to this Optional Coverage.

3. FINAL RESPECTS COVERAGE:

We will reimburse you for the cost of final expenses for cremation, urns, funeral expenses and memorial stones upon the death of each **Pet** covered for such costs incurred after the **Waiting Period** and during the policy period.

This Optional Coverage, Final Respects Coverage, will not increase the **Annual Maximum** or the **Lifetime Maximum** limits of insurance. The **Deductible** and **Co-Payment** requirements do NOT apply to this Optional Coverage.

PART VII - OTHER TERMS AND CONDITIONS

1. PAYING YOUR PREMIUMS

Your policy does not become legally binding until you have paid your premium. The premium is payable when you take out a new policy and when you renew an existing policy. Your policy 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.

2. CANCELLATION

You may cancel this policy at any time by emailing or writing to us and stating the future date that you wish the cancellation to be effective.

We may cancel this policy at any time within the first sixty (60) days of the policy period.

To cancel this policy, we will mail you a notice of cancellation to the named insured shown on the Declaration at the last known address shown in our records. If we cancel this policy 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 policy 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 policy 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 policy is in effect for more than sixty (60) days, or if this is a renewal or continuation policy, we may only cancel for one or more of the following reasons:

- a. You fail to pay your premium by the due date in accordance with the policy terms.
- b. The policy was obtained through fraud, misrepresentation or concealment in your application, the content of which is specifically incorporated into and as a material term of this policy.
- c. We have agreed to issue a new policy with the same or an affiliated company.
- d. The Department of Insurance of the state governing the policy determines that a continuation of the policy could place us in violation of that state's insurance laws.
- e. You fail to comply with the policy 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 policy.

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

3. 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 policy period, we will compute any refund due on a daily pro-rata basis.

4. NONRENEWAL

If we decide not to renew or continue this policy, we will mail notice of non-renewal to the named insured shown on the Declaration 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 policy period.

5. MISREPRESENTATION, CONCEALMENT OR FRAUD

This policy is void in any case of fraud, intentional concealment or misrepresentation of a material fact, by you or any other insured, at any time, concerning:

- a. This policy ;
- b. Your **Pet**;
- c. Your interest in your **Pet**; or
- d. A **Claim** under this policy.

6. RIGHTS

In the event we reimburse a **Claim** contrary to the policy terms and conditions, this payment will not constitute a waiver of our rights to apply the terms and conditions retrospectively as they stand to any paid **Claims** or to any future **Claims** for that or any related condition. We reserve our right to recover from you any **Claim** reimbursement paid in error.

7. ALLOWABLE CHARGES DISPUTES

In the event that your **Veterinary Provider** charges an amount for **Treatments** in excess of those typically charged in your geographic area for identical **Treatments** or **Professional Services** or **Treatments** that are not **Medically Necessary**, we reserve the right to dispute the amount of the **Allowable Charges** to be reimbursed. Should we fail to resolve such disputes to your satisfaction, such disputes shall be resolved by means of the procedures listed in Part IX: Appeals and Complaints of the policy.

8. OTHER INSURANCE

You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this policy. If you do, we will pay our share of the **Allowable Charges**. Our share is the proportion that the applicable Limits of Insurance under this policy bears to the Limits of Insurance of

all insurance covering on the same basis.

If there is other insurance covering the same **Allowable Charges**, other than that described above, we will pay only for the amount of **Allowable Charges** in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limits of Insurance.

It is your responsibility to notify us in the event that other insurance is in force. Failure to do so may be considered concealment and may render **Coverage** provided under this policy null and void and all outstanding **Claims** shall be forfeited and not paid.

9. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

If the insured has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

10. JOINT AND INDIVIDUAL INTERESTS

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

11. TRANSFER

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

12. PERIOD OF INSURANCE AND TERRITORY

This policy applies only to **Injuries** and/or **Illnesses** occurring during the policy period shown on the Declaration and which occur anywhere in the world.

13. ELECTRONIC DELIVERY

By accepting the terms of this insurance as evidenced by the payment of premiums, you agree that this policy, any endorsements and any notices shall be delivered to you by electronic mail via the internet.

14. CONFORMITY TO STATE STATUTES

When this policy's provisions are in conflict with the statutes of the state in which this policy is issued, the terms and conditions are amended to conform to such statutes.

PART VIII - WHAT YOU MUST DO WHEN YOU MAKE A CLAIM

CONTACT INFORMATION

Embrace Pet Insurance
Claims Department

P.O. Box 22188
Beachwood, OH 44122

Phone: 800-511-9172

Fax: 800-238-1042

Email: claims@embracepetinsurance.com

Web: www.embracepetinsurance.com

1. CLAIM PROCEDURE

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

- a. All **Claims** must be submitted and received by us within ninety (90) calendar days of the date of your last visit to the **Veterinary Provider**. You must send us a **Claim** form that has been properly completed. We will then write to you with our decision.
- b. We will not guarantee on the phone if we cover a **Claim**.
- c. All **Claims** must be lodged on the **Claims** form that we email you with your policy 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.
- d. You must provide all itemized invoices from your **Veterinary Provider** along with your completed **Claim** form before we will reimburse you. Save the originals in case we require them from you.
- e. You must cooperate with us in the investigation or settlement of the **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.

2. PRE-CERTIFICATION

To avoid **Coverage** surprises, we strongly encourage you to complete a **Pre-certification** form, which we shall provide upon request, and submit that form to us before your **Veterinary Provider** orders or performs any of the following procedures:

- a. Magnetic resonance imaging (MRI) scan;
- b. Computer-aided tomography (CT) scan;
- c. Partial or complete hip replacement;
- d. Cruciate ligament repair;
- e. Surgery for dental **Injury**;

- f. Home visits because your **Pet** is unable to travel to the usual location of the **Veterinarian**;
- g. Any other **Treatment(s)** in which the anticipated costs are expected to exceed \$1,000.

We will let you know if, and how much of, the **Treatment** is covered under the terms and conditions of your policy promptly after 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**.

3. Complaints

If you disagree with the decision made at any time during the appeal process, you have the right to file a complaint with your State Department of Insurance. Please refer to your individual State's department for details and applicable rules and laws.

PART IX - APPEALS AND COMPLAINTS

CONTACT INFORMATION

Embrace Pet Insurance
Customer Relationship Manager
P.O. Box 22188
Beachwood, OH 44122

Phone: 800-511-9172

Fax: 800-238-1042

Email: claims@embracepetinsurance.com

The following describes the appeal process in the event you are not satisfied with the way we have handled your Claim or you are not happy with your policy. All requests for an appeal must be submitted to us within ninety (90) days of the denial of your Claim or as soon as reasonably practicable on other actions giving rise to your complaint. You may contact us using the information above.

PROCEDURE

1. First Appeal

Once we receive your formal appeal or complaint, we will contact you within five (5) working days to tell you what we are doing about it. We will answer you within two (2) weeks. If it takes us longer than two (2) weeks to complete our review, we will tell you when you can expect an answer.

2. Second Appeal

If you disagree with our decision in the first appeal, you may request further appeal via an external review. A request for a Second Appeal must be made within thirty (30) days of the date of issuance of our First Appeal decision to you. An impartial Veterinarian selected, who is independent and not controlled by us, will conduct an external review. The independent Veterinarian will issue a determination within sixty (60) days of receipt of the request for the Second Appeal.