

## PRODUCT COVERAGE CHART

Refer to Your Document of Insurance for Your selected Coverage Level

<b>COVERAGE LEVEL</b>						
<b>Maximum Benefit Amounts†</b>						
Schedule of Benefits	Accident Only	Essential	Extra	Classic	Super	Champion
<b>Veterinary Fees</b>	<b>\$20,000</b> <small>(per Policy Term)</small>	<b>\$1500</b> <small>(per Policy Term)</small>	<b>\$3000</b> <small>(per Policy Term)</small>	<b>\$5000</b> <small>(per Policy Term)</small>	<b>\$10,000</b> <small>(per Policy Term)</small>	<b>\$20,000</b> <small>(per Policy Term)</small>
<b>Wellness Fees</b> <small>(if included, see Section 4 Wellness Fees Coverage for limits)</small>			Optional	Optional	Optional	Optional
<b>Additional Benefits*</b>						
<b>Boarding Kennel Fees</b>	\$500 per incident					
<b>Trip Cancellation</b>						
<b>Lost Pet Recovery Costs</b>						
<b>Additional Living Expenses</b>						
<b>Euthanasia and Cremation</b>	\$200					
<b>Accidental Death</b>	\$1000					

\* Deductible and Co-payment do not apply to the Additional Benefits. Additional Benefits are in addition to the comprehensive Veterinary Fees Benefit.

† The maximum dollar amount the Coverage will pay toward the eligible expenses incurred by You in the specified period of time. **Additional limitations and restrictions are located in Section 4 and 5 of the Policy Terms and Conditions.**

### DEDUCTIBLE

The Deductible is applied annually (once per Policy Term) to eligible claims filed under the Veterinary Fees Benefit. Once the Deductible is satisfied Your Co-Payment will be applied to the remaining amount. Your Deductible is indicated on your Document of Insurance; options based on Coverage Level are:

<u>Coverage Level</u>	<u>Deductible Options</u>
Accident Only	\$100
Essential	\$100
Extra	\$100, \$250
Classic	\$100, \$250, or \$500
Super	\$100, \$250, \$500, or \$1000
Champion	\$100, \$250, \$500, or \$1000

## CO-PAYMENT

Your Co-Payment is applied on each eligible claim for Coverage under the Veterinary Fees Benefit. Your share of each eligible claim will be 20% (twenty percent). We will reimburse 80% (eighty percent) of each eligible claim once the Deductible has been met up to the Maximum Benefit Amount based on Your Coverage Level as stated on Your Document of Insurance.

## WAITING PERIODS

This Policy contains the following waiting periods:

- Accidents are eligible after 12:01 am on the Effective Date of the Policy.
- Illness Conditions have the Waiting Period specific to the Coverage Level, unless modified in writing:

<u>Coverage Level</u>	<u>Illness Waiting Period</u>
Essential	30 days
Extra	14 days
Classic	14 days
Super	14 days
Champion	14 days

- A 2 (two) day waiting period for the Conditions listed below. Coverage for these Conditions begins on the 3<sup>rd</sup> (third) day of the Policy. Coverage for these Conditions is subject to the applicable Co-Payment, Deductible, and applicable Maximum Benefit Amount for Veterinary Fees stated in the Product Coverage Chart.

<u>Condition</u>	<u>Description</u>
Ear Illness	Pet requires Treatment for an Illness affecting all or part of the ears or ear area.
Eye Illness	Pet requires Treatment for an Illness affecting all or part of the eyes or eye area.
Flea Allergy Dermatitis	Pet requires Treatment for the newly diagnosed flea allergy dermatitis.
Intestinal parasites	Pet's Treatment for positively diagnosed fecal for intestinal parasites include Roundworms, Hookworms, Whipworms, Tapeworms, Coccidia, Giardia, Toxoplasma.
Upper Respiratory Infection	Pet requires Treatment for a Upper Respiratory Tract Infection.
Urinary Tract Infection	Pet requires Treatment for a Urinary Tract Infection.
Mange/Mites/Ringworm	Pet requires Treatment for definitively diagnosed sarcoptic and demodectic mange / mite and ringworm infection.
Parvovirus/Feline Panleukopenia	Pet requires Treatment for definitively diagnosed parvovirus / feline panleukopenia.
Tick Born Diseases	Pet requires Treatment for definitively diagnosed tick borne disease of Lyme Disease, Ehrlichiosis and Coccidiomycosis (Valley Fever).
Heartworm Disease	Pet requires Treatment for definitively diagnosed heartworm disease.

***Please refer to Your Policy Terms and Conditions and Document of Insurance for details and definitions.***

# INSURANCE POLICY TERMS AND CONDITIONS

Underwritten by the North River Insurance Company and administered by PTZ Insurance Agency, Ltd.

**Important Note:** These Terms and Conditions describe available Benefits. Some will not apply to Your Policy. Please refer to Your Document of Insurance and/or Product Coverage Chart to identify which Benefits apply to Your Policy.

## Section 1 – INTRODUCTION

These Policy Terms and Conditions, Document of Insurance and Product Coverage Chart form part of Your insurance contract. To understand exactly what Your insurance contract covers, You need to read Your Product Coverage Chart and these Policy Terms and Conditions.

During any period of insurance, We will insure the Pet named on the Document of Insurance for those sections listed on Your Document of Insurance and/ or Product Coverage Chart under the conditions set out in the Policy. Any special Deductibles, Co-payments, Maximum Benefit Amounts or Exclusions shown on the Document of Insurance and/ or Product Coverage Chart also form part of the contract.

We may record phone calls to train Our staff, avoid misunderstandings and give protection to the caller. This helps Us to maintain the quality of Our service to You. We may share information about You with other insurance companies, directly or through a number of databases. This allows Us to check information You give Us and also helps Us to prevent fraud. We will give Your information to a regulatory body if they make an official request. Please refer to Our Privacy Statement included with Your original Policy documents.

## Section 2 - DEFINITIONS

These words are used throughout the Policy. Wherever the following words or expressions appear in Your Policy, Product Coverage Chart or Document of Insurance, they will have the meaning given here unless otherwise specified.

### **ACCIDENT**

A sudden and unexpected event brought about by an external influence resulting in an acute injury to Your Pet, identifiable and unintended. (For the purposes of this Policy, Cruciate Ligaments, Patella Luxation, Elbow Dysplasia and Hip Dysplasia are specifically defined as an Illness Medical Condition and NOT resulting from an accident.)

### **ACCIDENTAL DEATH**

Pet dies due to an Accident, not requiring Treatment. Certain restrictions apply to this Benefit when covered. Refer to Coverage Section of these Terms and Conditions.

### **ACUPUNCTURE**

An Alternative Therapy which involves the stimulation of points on the body using a variety of techniques including inserting needles in the skin and then manipulating them manually or by electrical stimulation under the direction of a licensed Veterinarian.

### **ALTERNATIVE THERAPY**

Any practices and Treatments that are not generally considered part of conventional veterinary medicine, under the direction of a licensed Veterinarian, including but not limited to Acupuncture, Stem Cell Therapy and Laser Therapies.

### **AMBULANCE AND PARAMEDICAL SERVICES**

Immediate stabilization and/or out-of- hospital emergency medical care required while the ill or injured Pet is in route to a veterinary facility for Treatment of a covered Illness or Accident Condition.

### **APPLICATION**

The enrolment of Your Pet by You, including statements made by You as well as Your Pet's complete medical records.

### **ASSOCIATED CONDITION**

Any Medical Condition that is directly related to, caused by, as a result of, or occurred due to a primary Medical Condition and the Treatment of the primary Medical Condition. Any Medical Condition resulting from any Treatments for the Associated Conditions are also included as associated to the primary Medical Condition.

**BENEFIT**

The entitlement for a specified loss as described on Your Document of Insurance or Product Coverage Chart.

**BREED**

Groups of closely related and visibly similar domestic cats or dogs. Your Pet's Breed is shown on Your Document of Insurance.

**BILATERAL CONDITION**

Any Condition, which may affect both sides of the body, relating to both the right and left sides of the body or of the body system (example: cruciate ligaments, eyes, ears, limbs, and lameness). All Conditions are considered to be Bilateral unless otherwise noted.

**CHIROPRACTIC**

An Alternative Therapy which involves the manual and manipulative therapy of vertebral subluxation to aid in the Treatment and prevention of neuromuscular disorders and the effects on general health, under the direction of a licensed Veterinarian.

**CHRONIC CONDITION**

Any Medical Condition that is persistent and long lasting in its effects.

**CLINICAL SYMPTOMS/ CLINICAL SIGNS**

Any changes in Your Pet's normal healthy state, its functions, or behavior.

**CONDITION**

Any manifestation of Clinical Symptoms regardless of a definitive diagnosis, regardless of the number of Incidents or areas of the body affected. Also referred to as Medical Condition.

**CO-PAYMENT**

The percentage amount You must pay towards each payable and covered claim for which You are liable for after meeting the Deductible. Details and the percentage amount of this can be found on Your Document of Insurance or in Your Policy Product Coverage Chart if applicable.

**COVERAGE**

The insurance protection, for the Pet that is named on Your Document of Insurance, as described on Your Document of Insurance, Product Coverage Chart and Your Policy Terms and Conditions.

**COVERAGE EFFECTIVE DATE**

The date the Policy goes into effect as stated on Your Document of Insurance. Accidents are available for coverage after 12:01 am on the effective date. Illness Coverage is available after the applicable Illness Waiting Period as stated on Your Product Coverage Chart.

**DAYS**

Days shall mean calendar days whether capitalized or not.

**DEDUCTIBLE**

The stated dollar amount You must pay for a payable and covered claim before We become liable for Benefits listed on the Policy. The Amount and Frequency of the Deductible is shown on Your Document of Insurance and/or Product Coverage Chart.

**DENTAL**

Pertaining to the teeth.

**DOCUMENT OF INSURANCE**

A written document provided to You by Us confirming the effective date of Coverage and product type and other details of the contract of insurance.

**EXCLUSION**

A provision within this insurance Policy that eliminates or restricts Coverage.

**HERBAL THERAPY**

An Alternative Therapy which involves the use of medicinal properties of plants under the direction of a licensed Veterinarian.

**HOMEOPATHY**

An Alternative Therapy which involves the use of highly diluted substances aimed at triggering the body's natural system of healing to treat disorders under the direction of a licensed Veterinarian.

**HYDROTHERAPY**

An Alternative Therapy which involves the use of water for pain relief and Treatment under the direction of a licensed Veterinarian.

**ILLNESS**

A sickness or disease, or any change to Your Pet's normal health state, which is not caused by an Accident.

**ILLNESS WAITING PERIOD**

The period of time from the Coverage Effective Date during which there is no Coverage for Illness Medical Conditions. Any Illness that manifests itself, occurred, displayed signs and/or symptoms of, was treated, diagnosed or has been known by You, and/or Your Veterinarian during this period will be excluded from Coverage. The Illness Waiting Period is specified on Your Product Coverage Chart.

**INCIDENT**

An identifiable Accident, Illness, Medical Condition pertaining to Your Pet based on Onset Date. Also, an identifiable occasion that triggers the Additional Benefits

**NAMED INSURED, YOU, YOUR**

The owner of the insured Pet. Your name on the Document of Insurance. Joint Policyholders are not permitted. If You consider more than one person owns the Pet, the owners must select which one of them will be the Primary Owner and policyholder.

**INSURER, WE, US, OUR**

–The North River Insurance Company, - as named on the Document of Insurance.

**LASER THERAPY**

An Alternative Therapy which involves the use of light amplification by the stimulated emission of radiation.

**MATERIAL MEDICAL CONDITION**

A medical Condition of a serious nature that would have either resulted in a declination or resulted in an Exclusion to Your Coverage. Examples of such Conditions that result in a declination include but are not limited to cancer, diabetes, and Cushing's disease. Please refer to Section 6- EXCLUSIONS.

**MAXIMUM BENEFIT AMOUNT**

The most We will pay as stated in Your Policy.

**MEDICAL CONDITION**

Any manifestations of Clinical Symptoms consistent with a diagnosis, regardless of the number of Incidents or areas of the body affected.

**NATUROPATHY**

An Alternative Therapy which is based on vitalism (vital energy) believed to guide bodily processes and encourage healing and Treatment, under the direction of a licensed Veterinarian.

**ONSET DATE**

The date of the start and/or first appearance of the Clinical Symptoms/Clinical Signs of an Accident or Illness Medical Condition as known by You. This is not the date of diagnosis.

**PET**

The insured Pet, a domestic cat or dog owned for companionship by You, whose name and details are given on the Document of Insurance.

**PERMANENT EXCLUSION**

A type of Exclusion for specific Illnesses, Accidents, Conditions or events which are normally covered by this Policy, but for which We will not pay a claim, or be held liable for the lifetime of Your Pet.

**PHYSICAL THERAPY**

An Alternative Therapy which involves the Treatment of physical impairments and disabilities to promote mobility, and functional ability through examination, evaluation, diagnosis and physical intervention under the direction of a licensed Veterinarian.

**POLICY**

The Terms and Conditions, the most recent Document of Insurance, Product Coverage Chart and any additional forms that apply.

**POLICY TERM**

Policy Term is the time period specified on the Document of Insurance beginning on the Coverage Effective Date and ending on the Expiration Date.

**PRE-EXISTING CONDITION**

Any Condition or complication directly resulting from a Condition which first occurred, manifested, displayed signs and/or symptoms of, was treated, diagnosed or has been known by You, and/or Your Veterinarian prior to Your Pet's Coverage Effective Date, as stated on Your Document of Insurance, or during an applicable waiting period, and any subsequent time period during which a lapse of Coverage occurs.

**PRESCRIPTION MEDICATIONS**

Any medicine that is dispensed legally when ordered with a written prescription from a licensed Veterinarian.

**PREVENTATIVE CARE**

Wellness Treatment intended for the prevention of an Illness or Medical Condition.

**RECOVERY COSTS**

Actual costs related to finding a lost Pet, via advertising and reward.

**REHABILITATIVE THERAPY**

An Alternative Therapy which involves treatment of impairments and disabilities of mind and body which are a result of disease or trauma through examination, evaluation, diagnosis and physical intervention under the direction of a licensed Veterinarian.

**STEM CELL THERAPY**

An Alternative Therapy which involves use of stem cells to treat or prevent a disease or condition.

**TEMPORARY EXCLUSION**

A type of Exclusion for specific Illnesses, injuries, Conditions or events which are normally covered by this Policy, but for which We will not pay a claim, or be held liable for no less than twelve (12) months from the Coverage Effective Date of the Policy or the Onset Date of the Medical Condition, whichever is the latest.

**THERAPEUTIC FOOD**

Food designed for a specific nutritional purpose prescribed by a licensed Veterinarian.

**TREATMENT**

The examination, consultation, tests, radiographs, prescribed medication, hospitalization, surgery, and nursing provided or prescribed by Your Pets licensed Veterinarian. This includes Alternative Therapy and Therapeutic food.

**TREATMENT DATE**

The date Treatment is completed by a licensed Veterinarian.

**VETERINARIAN**

A properly licensed and registered Veterinarian in active practice in the area where Your Pet is treated or examined.

**VETERINARY BEHAVIOR CONSULTS/TREATMENT**

The examination, consultation, tests, prescribed medication, conducted by Your Pet's licensed veterinary behaviorist certified by the American Board of Veterinary Specialists and American College of Veterinary Behaviorists.

#### **VETERINARY FEES**

The actual cost (or fees) a Veterinarian charged for the Treatment of a Medical Condition(s).

#### **VETERINARY FEES COVERAGE**

The insurance coverage for the actual cost (or fees) a Veterinarian charged for the Treatment of a Medical Condition(s).

### **Section 3 - INSURING AGREEMENT**

We provide the insurance protection described in the Policy in consideration of the payment of premium by You and in reliance upon information provided by You during the Application process, subject to the Terms and Conditions set forth in this Policy.

This Policy is a reimbursement Policy. We will reimburse You for eligible covered Benefits falling within and subject to the Terms and Conditions and Limits of this Policy.

This Policy insures You for the Pet which is named and described on Your Document of Insurance. This Policy only applies to covered costs, expenses, and other reimbursable amounts incurred during the Policy Term. All claims are to be submitted in writing to Us as soon as practicable, and in accordance with the Terms and Conditions as outlined in this Policy. The most We shall pay for a covered claim shall not exceed the Maximum Benefit Amount.

#### **YOUR DUTIES:**

You, as the Policyholder, have certain responsibilities towards Your Pet and towards Us. If You do not meet Your responsibilities, We may not pay for some fees or costs.

#### **A. YOUR DUTIES REGARDING YOUR POLICY**

##### **1) MEDICAL RECORDS and PET INFORMATION**

#### **You agree to:**

- Give Us true and complete information about Your Pet.
- Obtain or release all medical records to Us upon enrolment. If no medical records exist for Your Pet, or Your Pet has not been to a Veterinarian within the past twelve months, You agree to have Your Pet undergo a complete physical examination by a licensed Veterinarian, at Your cost, within the first 30 days of Your Policy effective date. You then will forward those examination notes to Us. If You fail to meet this obligation and a Material Medical Condition is subsequently discovered, it may result in a rescission of coverage, additional coverage Permanent and/ or Temporary Exclusions, or denial of a claim.
- Authorize Us to obtain any and all medical records for Your Pet as needed for the processing and support of Your Policy and claim files.
- Pay the costs for obtaining and submitting the Pets medical records to Us.
- Submit an authentic claim form signed by You and Your Veterinarian along with the paid itemized receipts and medical records with each claim. Please refer to Section 8 – HOW TO CLAIM for further details.
- Submit true and complete claims. If You provide information You know is false or dishonest, We may cancel Your insurance. You will then have to pay back any money We have given You under this Policy.
- Tell Us the name and address of any other insurance company under which You are entitled to payments, including the applicable Policy number, and understand We are secondary insurers to the claim and will only pay Our share of the claim.

##### **2) YOUR INFORMATION**

**You agree to:**

- Give Us true and complete information about You.
- Notify Us within 30 days if the permanent address of Your Pet changes. A permanent address change may impact the Coverage available under Your Policy and may require Us to re-rate with a new premium.

**B. YOUR DUTIES REGARDING TAKING CARE OF YOUR PET**

**You agree to:**

- Take proper care of Your Pet. This includes but is not limited to taking it for regular vaccinations as recommended by Your Veterinarian deworming, proper grooming, spay and neuter at Your own cost unless covered by Wellness Fees coverage as indicated on Your Document of Insurance, specific to these Treatments. Homeopathic vaccines are not acceptable.
- Follow the Preventative Care regime recommended by Your Veterinarian and applicable to Your State, Provincial, Municipal or City By Laws.
- You must arrange for a Veterinarian to examine and treat Your Pet as soon as possible after it has shown any signs or symptoms of an Accident or Illness.

We will not be liable for claimed losses in which You did not take proper care of Your Pet. We will not be liable for claimed losses in which You did not follow the recommended advice of the Veterinarian. This includes Medical Conditions preventable by vaccination, prophylactic medication, or sterilization (spaying and neutering).

**Section 4 – COVERAGE AND BENEFITS**

Please refer to Your Document of Insurance and/or Your Product Coverage Chart for the level of Coverage provided. Benefits are subject to the terms, conditions, limitations, Exclusions of this Policy and to Your responsibility for the Co-payment and Deductible. Coverage is in effect at the date and time shown on Your Document of Insurance, subject to applicable waiting periods as stated on Your Product Coverage Chart and per Section 5 – COVERAGE RESTRICTIONS and Section 7 – GENERAL CONDITIONS.

**A. VETERINARY FEES**

We will reimburse You for the actual cost of required and eligible veterinary Treatment for Accidents and/or Illnesses that are covered by the Policy to the Maximum Benefit Amount stated in the Product Coverage Chart, subject to the applicable Co-payment and Deductible.

There are certain Exclusions to the coverage described above, so We may not pay claims for some fees or costs. These Exclusions are explained in the parts of this Policy to which they apply and in Section 6 - EXCLUSIONS.

There are certain restrictions and/or sub-limitations for some veterinary Treatment fees. These are outlined in Section 5 – COVERAGE RESTRICTIONS. There is also a schedule of these Benefits available on Your Product Coverage Chart.



**B. OPTIONAL WELLNESS FEES COVERAGE**

If selected by You and included on Your Document of Insurance, Wellness Fees Coverage provides reimbursement up to the lesser of actual Treatment costs or the allowable Maximum Benefit amount listed below for the following procedures/ Treatments. Reimbursement is not subject to a Deductible, Co-insurance, or waiting period.

<b>Exams, Medications, Procedures, Screens</b>	<b>Routine Wellness Option</b>	<b>Advanced Wellness Option</b>
Dental Cleaning	NA	\$100.00
Fecal Screen	\$15.00	\$15.00
Heartworm/ Flea Prevention	NA	\$55.00
Heartworm Test or FELV Screen	\$15.00	\$15.00
Microchip Procedure and/or Urinalysis	\$20.00	\$20.00
Spay / Neuter Procedure and/or Wellness Blood Test	\$80.00	\$100.00
Wellness Exam	\$40.00	\$50.00
<b>Vaccinations</b>		
Canine Bordetella Vaccine/Titer or Feline FELV Vaccine/Titer	NA	\$15.00
Canine DHLPP Vaccine/Titer or Feline FVRCP Vaccine/Titer	\$15.00	\$15.00
Rabies Vaccine/Titer and/or Lyme Vaccine/Titer, or FIP Vaccine/Titer	\$15.00	\$15.00

During the Policy Term, You will not be able to cancel this Coverage unless the underlying Coverage is also cancelled. If this Coverage is cancelled at renewal, there will be a minimum twelve month waiting period before You will be eligible to request this coverage be added.

**C. ADDITIONAL BENEFITS**

There are certain Exclusions to the Coverage described below, so We may not pay claims for some fees or costs. These Exclusions are explained in the parts of this Policy to which they apply and in Section 6 - EXCLUSIONS. Coverage Restrictions also apply. See Section 5 – COVERAGE RESTRICTIONS for details.

**1) BOARDING KENNEL FEES DUE TO YOUR HOSPITALIZATION**

We will reimburse You for the actual costs of boarding Your Pet at a licensed kennel or cattery, or with someone not living with You who looks after Your Pet. This Coverage is only available if You are hospitalized for at least 48 hours, and only for the time period You are hospitalized. Excluded is any recovery time at home. We will pay a maximum of **\$25 per day** up to the Maximum Benefit Amount for Boarding Kennel Fees stated in the Product Coverage Chart. We shall not be liable for boarding kennel fees where You are hospitalized directly or indirectly related to being pregnant or giving birth, elective or cosmetic surgery, Treatment of alcohol or drug abuse or addiction, or results from injury or Illness with respect to which You visited or consulted a physician or practitioner, took tests or received Treatment for prior to the Coverage Effective Date of this Policy.

A completed claim form, proof of Your hospitalization providing reason and dates, as well as all paid receipts for Your Pets boarding are required with Your claim submission.

**2) RECOVERY COSTS**

We will reimburse You for the actual costs of advertising and reward paid if Your Pet is lost or stolen up to the Maximum Benefit Amount for Lost Pet Recovery Costs stated in the Product Coverage Chart.

A completed claim form indicating reimbursement for Recovery Costs, all paid receipts for advertising and reward, including the name, address and telephone number of the person(s) to whom the reward is paid, are required with Your claim submission.

### **3) TRIP CANCELLATION COSTS**

We will reimburse You for travel and accommodation expenses You are not able to recover if while You are on a business or pleasure trip with a defined start and end dates not to exceed 180 days, outside Your city of residence or up to seven (7) days before You leave for such a trip and Your Pet requires urgent, lifesaving covered and eligible medical Treatment. Subject to the Maximum Benefit Amount for Trip Cancellation stated in the Product Coverage Chart .

A completed claim form and the details surrounding the Pets medical Treatment, and proof of loss of the Trip Cancellation are required with Your claim submission.

### **4) ADDITIONAL LIVING EXPENSES**

We will reimburse You for Your Pet's need for Boarding Kennel Fees should Your home be damaged and rendered unfit for occupancy during the Policy Term and You are receiving benefits for additional living expenses under Your homeowners or tenants insurance. We will pay a maximum of **\$25 per day** up to the Maximum Benefit Amount for Additional Living Expenses stated in the Product Coverage Chart for absolutely necessary boarding or kennel costs associated with the related relocation of the Pet due to the damage of Your residence.

A completed claim form along with the paid receipts for necessary boarding or kennel costs and evidence that additional living expense benefits are being received under Your homeowners or tenants insurance Policy are required to process a claim.

### **5) EUTHANASIA AND CREMATION**

We will reimburse You for the actual cost for euthanasia and cremation of Your Pet if due to an Accident or Illness Condition. We will not pay more than the Maximum Benefit Amount for Euthanasia and Cremation as stated in the Product Coverage Chart. Any additional memorial options are not eligible for reimbursement.

A completed claim form and the detailed paid receipts for euthanasia and cremation are required with Your claim submission.

### **6) ACCIDENTAL DEATH**

We will reimburse You for the original purchase price of Your insured Pet in the event of a sudden and Accidental Death, not requiring Treatment, to the Maximum Benefit Amount for Accidental Death stated in the Product Coverage Chart.

A completed claim form indicating Accidental Death signed from the Veterinarian and the original paid receipts for the original purchase price of Your Pet are required with Your claim submission. If You do not provide an original receipt or there is no original proof purchase price, We will pay You the current local humane society or animal welfare organization adoption fee for a dog or cat, in Your region.

## **Section 5 – COVERAGE RESTRICTIONS**

### **A. PRE-EXISTING CONDITIONS**

#### **We do not cover:**

1. Injuries from an **ACCIDENT** that first occurred, displayed signs and/or symptoms, was noted, treated, diagnosed or has been known by You and/or Your Veterinarian prior to the Coverage Effective Date of the Policy.

2. Any **ILLNESS** Medical Condition or Illness complication directly resulting from a Condition that manifested, first occurred, displayed signs and/or symptoms, was noted, treated, diagnosed or has been known by You and/or Your Veterinarian prior to the Coverage Effective Date of the Policy and/or during Your Policy's Waiting Period.

In all cases, this includes any Associated Condition or complication directly resulting from a Condition that manifested, first occurred, displayed signs and/or symptoms, was noted, treated, diagnosed or has been known by You and/or Your Veterinarian prior to the Coverage Effective Date of the Policy or in respect of Illness Medical Conditions during the Illness Waiting Period.

If Your Pet has NOT shown Clinical Symptoms or Clinical Signs of a Chronic and/ or Recurrent Condition(s) for a period of **24 months** prior to the Policy Coverage Effective Date, We **may** consider this Condition **NOT pre-existing** by definition and allow the Medical Condition to be eligible for Benefits.

**For cats**, if Feline Immunodeficiency Virus (FIV) and/or Feline Leukemia Virus (FELV) has manifested, first occurred, displayed signs and/or symptoms, was noted, treated, diagnosed or has been known by You and/or Your Veterinarian prior to the Coverage Effective Date, or within the applicable Illness Waiting Period, then no Illness Coverage is available.

**For dogs**, if Adult onset Demodex (Demodex diagnosed after age five) has manifested, first occurred, displayed signs and/or symptoms, was noted, treated, diagnosed or has been known by You and/or Your Veterinarian, prior to the Coverage effective date, or within the applicable Illness Waiting Period for Illness coverage, then no Illness Coverage is available.

## **B. LIMITATIONS**

- 1) The following limitations apply to the Veterinary Fees benefits: **Cruciate Ligaments, Hip Dysplasia, Elbow Dysplasia and Patella Luxation**, regardless of cause, are considered to be Bilateral Musculoskeletal Illness Conditions (affecting both sides of the body). If eligible, claims will be reimbursed as a Veterinary Fees – Illness Benefit. Please refer to Your Product Specific Coverage Chart to determine if this Coverage is available.
- 2) **Feline Vaccine-Associated Sarcoma (FVS)**  
We will reimburse You for the actual cost of required veterinary Treatment for feline vaccine-associated sarcoma. The diagnosis must be confirmed via histopathology. The claim will be paid to the Maximum Benefit Amount for Veterinary Fees, provided that Your Pet has received exclusively non-adjuvanted feline vaccination. Vaccine exclusivity means that the last series of feline vaccines was non-adjuvanted and given prior to the diagnosis of feline vaccine-associated sarcoma. A claim form completed in part by You and in part by the Veterinarian accompanied by the pathology laboratory report and the detailed paid receipts are required to process Your claim.
- 3) **Therapeutic Food**  
We will reimburse You for **fifty percent (50%)** of the actual cost of required and eligible veterinary prescribed Therapeutic Food for the Treatment of a definitively diagnosed covered and eligible Medical Condition subject to the Maximum Benefit Amount of **\$500 per year**, subject to the applicable Co-Payment, Deductible, and applicable Maximum Benefit Amount for Veterinary Fees stated in the Product Coverage Chart.
- 4) **Alternative Therapy**  
We will reimburse You for the actual cost of required and eligible veterinary prescribed Alternative Therapy for the Treatment of a definitively diagnosed covered and eligible Medical Condition subject to the Maximum Benefit Amount of **\$1000.00 per year**, subject to the applicable Co-Payment, Deductible, and applicable Maximum Benefit Amount for Veterinary Fees stated in the Product Coverage Chart. Alternative Therapy includes but is not limited to: Acupuncture, Veterinary Behavior consults and related Prescription Medications, Chiropractic, Herbal Therapy, Homeopathy, Hydrotherapy, Laser Therapy, Naturopathy, Physical Therapy, Rehabilitative Therapy, and Stem Cell Therapy. Please refer to SECTION 2 – DEFINITIONS for more details.
- 5) **Ambulance and Paramedical Services**  
We will reimburse You for the actual costs of required and eligible lifesaving animal Ambulance and Paramedical Services where immediate stabilization and/or emergency medical care is required in route to a veterinary facility for Treatment of a covered and eligible Medical Condition, subject to the Maximum Benefit Amount of **\$500 per**

**Incident** of a one way trip, subject to the applicable Co-Payment, Deductible and applicable Maximum Benefit Amount for Veterinary Fees stated in the Product Coverage Chart.

### **C. UNDERWRITING**

We reserve the right to place Temporary or Permanent Exclusions on Your Policy with respect to any Accident(s) or Illness(es) that manifested, first occurred, displayed signs and/or symptoms, was noted, treated, diagnosed or has been known by You and/ or Your Veterinarian prior to the Coverage Effective Date, or within the applicable Illness Waiting Period and is therefore defined as Pre-existing to Your Coverage.

Refer to Your Product Coverage Chart for the applicable Illness Waiting Period.

We reserve the right to place Temporary or Permanent Exclusions on Your Policy with respect to any Accident, Illness, or Benefit stated within SECTION 6 - EXCLUSIONS.

Once You have been reimbursed the Maximum Benefit Amount for an eligible Benefit, coverage will no longer be available and a Coverage Restriction for this will be added to Your Policy as no further claims can be paid.

## **Section 6 – EXCLUSIONS**

### **We will not reimburse and pay for any costs or charges related to:**

1. Dogs and Cats under eight weeks of age.
2. Any and all pre-existing Clinical Symptoms/Clinical Signs, Medical Conditions, diseases, Illnesses, and/or Accidents. Refer to Section 5 – Coverage Restrictions – Pre-existing Conditions for details.
3. Any and all Illness Conditions within the Illness Waiting Period. Refer to Your Product Coverage Chart for the applicable Illness Waiting Period.
4. Any Treatment related to a Temporary Exclusion or Permanent Exclusion.
5. Any Treatment for a Bilateral Condition in which that Condition was already pre-existing on one side of the body.
6. Any Treatment for an Accident, Illness or procedure with respect to which You were advised by a Veterinarian to take preventative measures, and You did not comply.
7. Any Treatment for an Accident or Illness Condition resulting directly from Your Pet's usage for occupational, professional, or business purposes, breeding, racing, hunting, organized fighting, coursing (the pursuit of game by Your Pet), law enforcement, or guarding.
8. Any Treatment for an Accident or Illness including mistreatment, injury or neglect caused by You, any member of Your household, or anyone employed or contracted by You.
9. Preventative Care and Routine Treatment intended for the maintenance of good health of Your Pet. This includes but is not limited to vaccinations (including Vaccine Titers), prophylactic medications (such as heartworm, lice, internal parasites and fleas), spaying (including for false pregnancy or pyometra), neutering (including cryptorchid neuters), and anal gland expressions, unless otherwise specifically covered by Our Wellness Fees Coverage and Coverage is in force under the Wellness Fees Coverage as indicated by Your Document of Insurance.
10. Elective procedures and cosmetic procedures and any related Associated Conditions due to these procedures. This includes but is not limited to: tail docking, ear cropping, ear hair plucking, declawing or tenectomy, dew claw removal, nail trims, grooming, debarking, treats and supplements.
11. Any Treatment for Medical Conditions arising from lack of use and/or failure to follow a preventative health care plan generally accepted by veterinary standards or recommended by Your Veterinarian. Preventative health care plan includes but is not limited to; vaccinations, flea control, heartworm medication, de-worming, Dental care, grooming.
12. Any Treatment related to breeding, whelping, fertility Treatment and care related to pregnancy including false pregnancy, giving birth and nursing and any and all related issues, Conditions and complications including pyometra and mastitis.

13. Any Treatment for Medical Conditions that would be preventable with sterilization (spaying or neutering the Pet) such as prostate problems, testicular problems, perianal tumors, mammary tumors, uterine and/or ovarian Conditions that occur in an unsterilized Pet.
14. Non-essential and/or non –medical related boarding and/or hospitalization.
15. Shipping expenses.
16. Transport expenses, except as may be covered by Our Ambulance and Paramedical Services in Sect. 5.
17. Any Treatment You choose to have carried out that is not directly related to a covered Accident or Illness.
18. Any and all training, and any other behavioral modification techniques considered experimental.
19. Therapeutic Food specifically prescribed by a Veterinarian, with the **exception** of 50% of the cost, for a covered Medical Condition up to the Maximum Benefit Amount of \$500 per year as stated in Section 5.
20. Dental and orthodontic health care, Dental Treatment, Dental procedures and/or Dental diseases including but not limited to Treatment of the teeth and gums, Dental caries (cavities), gingivitis, periodontitis, retained deciduous teeth, malocclusion, periodontal disease, root canals, caps, crowns, or abscessed teeth.
21. Experimental or investigational medical procedure, Treatment or service.
22. Euthanasia or destruction of a Pet deemed "dangerous".
23. Euthanasia or destruction of a Pet due to financial reasons.
24. Additional memorial options elected by You at the time of cremation including but not limited to urns, caskets, paw prints, memorial stones.
25. Any Medical Condition(s) that arise due to specific exposure that results in subsequent occurrences of what is now determined to be a preventable Medical Condition (examples. vaccine reactions and flea allergy dermatitis) for which You can take preventative measures.
26. Any Medical Condition that arises due to repetitive activity that results in Your Pet requiring repeated medical Treatment. After three separate but similar incidents of such claims coverage these Medical Conditions would be considered or diagnosed preventable or behavioral, such as but not restricted to Foreign Body Ingestions, Porcupine Quills, Fight/Bite Wounds/Lacerations, Motor Vehicle Injuries and Poison Ingestions.
27. Any claims for monies over and above the Maximum Benefit Amount stated in the Policy and/or Product Coverage Chart.
28. Any claimed loss as a result of:
  - i. Earthquake;
  - ii. Hurricane, windstorm, flood; including overland water
  - iii. Wildfire
  - iv. Invasion, war or civil war, insurrection, rebellion, revolution, military or Usurped
  - v. power or by operation of armed forces while engaged in hostilities, whether war be declared or not;
  - vi. Any nuclear incident or radioactive contamination
  - vii. Viral epidemic, viral pandemic
  - viii. Illegal acts

## **Section 7 - GENERAL CONDITIONS**

### **A. TIMING**

Accident Coverage will be effective at 12:01 a.m. on the day following enrolment. Illness Coverage will begin after the applicable waiting period. Refer to Your Document of Insurance for Your Coverage Effective Date and Your Product Coverage Chart for details.

All Applications are subject to review and approval prior to enrolment. In order to receive benefits for a Medical Condition which occurred during the first 72 hours of coverage, proof of time of occurrence and onset will be required with your claim submission.

### **B. PRODUCT CHANGES**

If You wish to make changes to Your Coverage, please contact Us. Any change is subject to underwriting and Our approval. Certain changes may result in a new enrollment, which would terminate Your existing Policy.

**C. DUPLICATE COVERAGE**

If at any time any claim arises under this insurance and there is any other insurance providing Coverage to You or Your Pet, this Policy shall be deemed to be excess insurance. This Policy will only respond to any claim, costs or expenses once all other valid and collectible insurance has been exhausted, and then only for the excess amount not covered by said other insurance, subject always to the Terms and Conditions of this Policy.

**D. TERRITORIAL LIMITS**

This Coverage is valid in the continental United States of America including Hawaii, Alaska, Puerto Rico and for a period of up to 182 days while travelling within Canada (inclusive of all provinces and territories).

**E. POLICY TRANSFER**

A Policy cannot be transferred between different Pets. Each Pet must undergo an individual application process and underwriting review. We are happy to arrange continued coverage if the insured Pet is transferred between Pet owners. All premium owed must be paid and the request made in writing by both involved parties using the Ownership Transfer form within 30 days of transferring the Pet.

call Us at Toll Free Phone: 1-866-597-2424.

**F. JOINT POLICYHOLDERS**

Joint Policyholders are not permitted. There can only be one Named Insured listed as the Pet owner.

If more than one person owns the Pet, the owners must select which one of them will be the Named Insured and primary Policyholder.

**G. POLICY PROVISIONS**

When this Policy's provisions are in conflict with the statutes, laws, and regulations of the state in which this Policy is issued, the provisions are amended to conform to such statutes.

**H. APPEAL PROCESS**

In the event of any disagreement between You and Us in regards to the underwriting of Your Policy or a Claim submission, You may appeal to either the Underwriting or Claims Manager and if not resolved to the Director of Administration and finally to Our Veterinary Advisor, Doctor of Veterinary Medicine. This request must be submitted in writing using the Appeal Process Form and include new or additional medical information supporting your claim. Submissions can be made via mail to PTZ Insurance Agency, Ltd., P.O. Box 2150, Buffalo, NY, 14240-2150, or email to [medicals@pethealthinc.com](mailto:medicals@pethealthinc.com) attention to the Underwriting or Claims Manager. This Appeal must be received within 90 days from the date of claim denial notice. We will write to You with Our decision.

**Section 8 – HOW TO CLAIM**

**A. GENERAL**

Please refer to:

- Section 4 – Coverage and Benefits for further details on how to claim for specific benefits.

- Your Document of Insurance and/or Your Product Coverage Chart to see which benefits and Maximum Benefit levels apply to Your Policy. **Not all benefits are available on every Policy. We cannot guarantee, authorize or pre-approve any claims over the telephone.**

Please remember You must arrange for a Veterinarian to examine and treat Your Pet as soon as possible after it has shown any signs or symptoms of an Accident or Illness. We will not be liable for claimed losses in which You did not take proper care of Your Pet. We will not be liable for claimed losses in which You did not follow the recommended advice of the Veterinarian.

You can access claim forms at the website as noted on Your Document of Insurance or We can send You a claim form at Your request by calling Us at Toll Free Phone: 1-866-597-2424. Note that the issuance of a claim form does not constitute an admission of liability on Our behalf. Instructions on how to complete a claim form can be found on line at [www.24petwatch.com](http://www.24petwatch.com) or at the toll free number noted above.

## **B** **ONGOING TREATMENT**

Ongoing Treatment for a Medical Condition can be sent in as Treatment occurs. A new claim form will be required to verify the Medical Conditions claimed with every claim submission. With the claims submission of subsequent Treatment and upon further diagnosis of a Condition We reserve the right to make changes to the Coverage of previously processed claims.

## **C.** **OTHER CLAIM PROCEDURES**

- 1) All claims for an active Policy must be submitted within 180 days of Treatment being given, unless state or provincial law provides for a shorter or longer period.
- 2) We will be able to reimburse on Your payable claim:
  - If the claim form is correct and complete.
  - When We have all the information needed to support the claim including detailed paid invoices and supporting medical records.
  - When We are sure that the claim is valid.
- 3) We will communicate Our decision with You within 60 days after submission of a completed claim form and supporting documentation, unless state or provincial law provides for a shorter period.
- 4) You may have your **claims paid electronically** via Electronic Funds Transfer (EFT) direct to the treating Veterinarian and/or direct to You via Direct Debit (DD) to Your bank account if indicated to do so and authorized on Your Claim Form. Otherwise a check will be issued and mailed to You at the last address provided on file the day following claim approval.

## **D.** **CLAIMS REVIEW/ REASSESSMENT**

If a claim is denied, You or the attending Veterinarian may request a review or reassessment. Please follow the Appeal Process in Section 7.

# **Section 9 – OUR SERVICE TO YOU**

## **A.** **PREMIUMS**

Premiums are paid monthly or annually. If Premiums are unpaid, We may cancel this Policy by mailing or delivering advance written notice of cancellation to You, the Named Insured on the Document of Insurance at the mailing address shown in the Policy, stating the reason for cancellation as Non Payment of Premium. This notice will be sent at least 45 days before the effective date of cancellation.

**B. PAYMENT TERMS**

Insurance Premiums may be paid by direct debit using a valid checking bank account or by credit card only. Payment can be made annually or in monthly installments.

Where We agree that You may pay Your premium on a monthly basis, You are required to continue to make monthly installment payments until the full premium has been paid to Us. Failure to pay Your premium, including but not limited to, insufficient funds, declined payments and expired credit card can result in the cancellation of Your Policy which may affect Your claims reimbursement. Please keep Your payment method up to date with Us so Your Coverage remains in force.

Payment of the Premium due on the renewal of Your Policy will be outlined in Your Renewal Notice and is payable in accordance with Your existing method of payment and frequency as set out in the Policy unless contrary advice is received from You to Us in writing and We agree, prior to the Renewal Date of the Policy.

**C. POLICY RENEWAL**

Upon each anniversary date of the Policy Term, the Policy and payment method will be extended for a further Term, subject to and in consideration of the receipt of premium, unless We are advised otherwise by You, in writing. We will write to You before Your Policy expires with full details of Your next year's Policy premium, Deductible and Co-Payment and any other changes to the Policy for Your renewed term. Refer to NOTICE OF CHANGE Section.

**D. NOTICE OF CHANGE**

We reserve the right to make any changes to the Policy upon notice, including but not limited to Rates, Premiums, Fees, Coverage, Exclusions, Maximum Benefit Amounts, Deductibles, and/or Co-payment. If We increase Your renewal premium, or make a change to Your Policy We will mail or deliver to You written notice of Our intent 60 days before the effective date of the change. Notice will be mailed or delivered to Your last known address.

**E. CUSTOMER SERVICE CALL CENTER**

Our Customer Service Agents are available by toll free phone to answer questions and concerns regarding Your Policy contract, Your billing, and Your claim file.

**F. CONTACT US**

✉ Mail:

PTZ Insurance Agency, Ltd  
P.O. Box 2150  
Buffalo, NY 14240-2150

☎ Toll Free Phone: 1-866-597-2424

📠 Toll Free Fax: 1-866-369-7387 (PETS)

💻 Online: [www.24petwatch.com](http://www.24petwatch.com)

**Section 10 – YOUR RIGHT TO CANCEL**

**A. CANCELLATION**



**If Your Coverage does not meet Your requirements, please contact Our Customer Service Department by phone Toll Free Phone: 1-866-597-2424.** Alternatively write to Us at the address provided in the Notice Section and mail Your request.

Please note the following with respect to cancelling Your Policy;

1. You may cancel Your Policy at any time provided You are the Named Insured shown on the Document of Insurance. Cancellation must be in writing and sent via mail or email to Mail: PTZ Insurance Agency, Ltd., P.O. Box 2150, Buffalo, NY, 14240-2150, or Email: Customer\_Care@pethealthinc.com.
2. If You cancel Your Policy, We will refund You any unearned premium paid subject to the retention of a minimum of one month premium plus 100% of any paid fees, as soon as practicable.
3. We may cancel Your Policy for;  
Non-payment of premium; or  
Discovery of fraud or material misrepresentation

by mailing or delivering advance written notice of cancellation to the Named Insured on the Document of Insurance at the mailing address shown in the Policy, stating the reason for cancellation at least **forty-five (45)** days before the effective date of cancellation. Our Notice of Cancellation to You will state the effective date of cancellation. The Policy will end on that date. We shall refund the excess of premium as soon as reasonably practicable. The refund will be what was actually paid by You over the pro rata premium for the expired time on risk, but, in no event shall the pro rata premium for the expired time be deemed to be less than any minimum retained premium specified.

4. Refunds will be processed by method of payment including credit card or direct debit. In some cases We will issue refunds by check or money order.
5. If notice is mailed, proof of mailing will be sufficient proof of notice.
6. The statutes, laws, and regulations regarding Cancellation within the state in which this Policy is issued prevail and the provisions in this Policy are amended to conform to such statutes.

#### **B. CLAIMING AFTER THE CANCELLATION OF YOUR POLICY**

No losses that occur after the effective date of cancellation shall be payable under this Policy.

In the event You or We terminate the Policy, any paid receipts for open or new claims that did occur during the Term and prior to the effective date of cancellation must be sent in within 180 days of the effective date of cancellation. **After such time, We will then deem all claims closed and not payable.**

### **Section 11 – NOTICE**

Notice to Us may be given by You. In the case of Your absence or Your inability to give notice Your authorized agent or representative can give the notice.

Any written notice to Us may be delivered at, or sent by proof of mailing to, the chief agency or head office.

C/O PTZ Insurance Agency, Ltd  
P.O. Box 2150  
Buffalo, NY 14240-2150

Written notice may be given to You, the Named Insured by letter mailed to You at Your last post office address on file.

## **MONTANA AMENDATORY ENDORSEMENT**

This Amendatory Endorsement is attached to and made a part of the Policy issued to the Insured. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

This Policy is hereby amended for Montana as follows:

**Section 7 – GENERAL CONDITIONS** is amended as follows:

### **G. POLICY PROVISIONS**

When this Policy's provisions are in conflict with the statutes, laws, and regulations of the Montana, the provisions are amended to conform to such statutes.

### **I. PROMOTIONAL ITEMS**

From time to time, We may offer promotional items to show customer appreciation. Examples of such items are discounts, gift cards, related services and merchandise. The value of the promotional item will not be more than allowed by the state of Your primary address.

The following provisions in **Section 9 – OUR SERVICE TO YOU** are amended as follows:

### **C. POLICY RENEWAL**

Upon each anniversary date of the Policy Term, the Policy and payment method will be extended for a further Term, subject to and in consideration of the receipt of premium, unless We are advised otherwise by You, in writing. Refer to NOTICE OF CHANGE Section.

We may decide to not reissue Your coverage at the end of any Policy Term. At least **sixty (60)** days before Your coverage ends, We will mail or deliver written notice of our intention not to renew at the address shown in Your Document of Insurance. A copy of this notice shall also be mailed or delivered to the insured's insurance producer.

### **D. NOTICE OF CHANGE**

We reserve the right to make any changes to the Policy upon notice at renewal, including but not limited to Rates, Premiums, Fees, Coverage, Exclusions, Maximum Benefit Amounts, Deductibles, and/or Co-payment. If We increase Your renewal premium, or make a change to Your Policy We will mail or deliver to You written notice of Our intent **sixty (60)** days before the renewal effective date of the change. Notice will be mailed or delivered to Your last known address.

**Letter A. CANCELLATION of Section 10 – YOUR RIGHT TO CANCEL** is deleted and replaced with the following:

### **A. CANCELLATION**

***If Your Coverage does not meet Your requirements, please contact Our Customer Service Department by phone Toll Free Phone: 1-866-597-2424. Alternatively write to Us at the address provided in the Notice Section and mail Your request.***

Please note the following with respect to cancelling Your Policy;

1. You may cancel Your Policy at any time provided You are the Named Insured shown on the Document of Insurance. Cancellation must be in writing and sent via mail or email to Mail: PTZ Insurance Agency, Ltd., P.O. Box 2150, Buffalo, NY, 14240-2150, or Email: Customer\_Care@pethealthinc.com.

2. If You cancel Your Policy, We will refund You any unearned premium paid pro rata as soon as practicable.
3. We may cancel Your Policy for non-payment of premium within **sixty (60)** days of the date of issuance of the Policy if You fail to pay the premium when due. In such case, a written notice will be sent to You at the address shown on the Document of Insurance providing at least **ten (10)** days notice of Our intent to cancel.
4. We may cancel this Policy for the following reasons if it has been in effect for more than **sixty (60)** days:
  - a. For reasons specifically allowed by statute;
  - b. For failure to pay premium when due; or
  - c. On grounds stated in the Policy which pertain to the following:
    - i. material misrepresentation;
    - ii. substantial change in the risk assumed, except to the extent that the insurer should reasonably have foreseen the change or contemplated the risk when the contract was written;
    - iii. substantial breaches of contractual duties, conditions, or warranties;
    - iv. determination by the Commissioner.
5. Refunds will be processed by method of payment including credit card or direct debit. In some cases We will issue refunds by check or money order.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

In such case, a written notice will be mailed to You at the address shown in the Document of Insurance providing at least **thirty (30)** days notice of Our intent to cancel. We will refund the pro-rata portion of any premium based upon the last date of coverage.

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern. All other terms and conditions of the policy remain unchanged.

Signed for **The North River Insurance Company** By:



Marc J. Adee  
Chairman and CEO



Michael P. McTigue  
Secretary