

INSURANCE POLICY TERMS AND CONDITIONS
Praetorian Insurance Company

Applicable to all Pet insurance programs underwritten by Praetorian Insurance Company, 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.

ACUTE CONDITION

Any Medical Condition that appears suddenly, changes rapidly with a short duration.

ALTERNATIVE THERAPY

Any practices and Treatments that are not generally considered part of conventional veterinary medicine, under the direction of a licensed Veterinarian.

AMBULANCE AND PARAMEDICAL SERVICES

Immediate stabilization and/or out-of- hospital emergency medical care required while the ill or injured Pet is en 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. The Medical Condition develops and worsens over time.

CLINICAL SYMPTOMS/ CLINICAL SIGNS

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

CONDITION

Any manifestations of clinical symptoms consistent with a 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.

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.

DIAGNOSTIC TEST

Test used to detect abnormalities or changes to Your Pet's normal healthy state.

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 for specific illnesses, injuries, Conditions or events which are normally covered by this Policy.

FIRST TIME ILLNESS

A first occurrence of a medical illness or manifestations of clinical symptoms consistent with a diagnosis, regardless of the number of incidents or areas of the body affected determined by onset date of the Medical Condition.

FRAUD

Intentional deception with fraudulent statements or conduct in connection with a loss or damage for which reimbursement is sought by You. Any discovered fraud voids the Policy and permits Us to cancel Your 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 based on onset.

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

Praetorian Insurance Company, New York, NY as named on the Document of Insurance.

MAXIMUM BENEFIT AMOUNT

The most we will pay as stated on Your Document of Insurance and/ or Product Coverage Chart.

MEDICAL CONDITION

Any manifestations of clinical symptoms consistent with a diagnosis, regardless of the number of incidents or areas of the body affected.

MISREPRESENTATION

Any intentionally concealed, omitted, false or incorrect material fact or circumstance relating to the Pet that is stated during the application for insurance process by You. Any discovered material misrepresentation voids the Policy and permits Us to cancel Your coverage.

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, 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 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, Your schedule, most recent Document of Insurance or 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 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

Treatment intended for the prevention of an illness or medical condition.

RECOVERY COSTS

Actual costs related to finding a lost Pet, via advertising or reward. Where this is listed and a covered Benefit certain restrictions apply. Refer to Coverage Section of these Terms and Conditions.

RECURRING CONDITION

Any Medical Condition that occurs or manifests signs and symptoms repeatedly or ongoing over time. There may be a period of remission in between occurrences of the Medical Condition.

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.

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, also known as Prescription Diets.

TREATMENT

The examination, consultation, tests, radiographs, prescribed medication, surgery, and nursing provided or prescribed by Your Pets licensed Veterinarian. This includes alternative therapies 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).

WE, US, OUR

The Insurance Company as identified on the Document of Insurance.

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 period. All claims are to be submitted in writing to Us as soon as practicable, and in accordance with the Terms and Conditions of notice as outlined in this Policy. The most We shall pay for a covered claim shall not exceed the Maximum Benefit Amount as stated on Your Document of Insurance and/or Product Coverage Chart.

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.

YOUR DUTIES REGARDING YOUR POLICY**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.
- 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.

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. With a permanent address change Your Policy may be re-rated with a new premium.

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 (distemper, infectious canine hepatitis, leptospirosis, canine parvovirus, and rabies for dogs and feline infectious enteritis, feline influenza, feline leukemia, and rabies for cats), deworming, proper grooming, spay and neuter at Your own cost unless covered with a Rider 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), unless covered with a Rider specific to these Treatments.

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.

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 Policy, subject to the applicable co-payment and deductible.

There are certain exceptions to the coverage described above, so we may not pay claims for some fees or costs. These exceptions called '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.

STANDARD ADDITIONAL BENEFITS AND SUPPLEMENTAL COVERAGE

The following benefits are not covered by every product.

Please refer to Your Document of Insurance and/or Your Product Coverage Chart for the level of coverage provided.

There are certain exceptions to the coverage described below, so we may not pay claims for some fees or costs. These exceptions called '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.

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 stated in the Policy (where applicable). 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.

RECOVERY COSTS

We will reimburse You for the actual costs of advertising or reward paid if Your Pet is lost or stolen up to the Maximum Benefit Amount stated in the Policy (where applicable).

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.

TRIP or HOLIDAY VACATION CANCELLATION COSTS

We will reimburse You for travel and accommodation expenses You are not able to recover while You are on holiday vacation or up to seven (7) days before You leave for a holiday vacation and Your Pet requires urgent, lifesaving covered and eligible Medical Treatment. Subject to the Maximum Benefit Amount stated in the Policy (where applicable).

A completed claim form and the details surrounding the Pets medical Treatment, as well as Your recovery notice from the holiday vacation vendor are required with Your claim submission.

ADDITIONAL LIVING EXPENSES

We will reimburse You for Your Pet's need for Boarding Kennel Fees should Your home be damaged or 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 Policy (where applicable) 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.

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 as stated in the Policy (where applicable). 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.

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 Benefits stated in the Policy (where applicable).

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

PRE-EXISTING MEDICAL CONDITIONS

We do not cover:

1. Injuries from an **ACCIDENT** 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.
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 ILLNESS Coverage 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 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 waiting period for illness coverage, 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 Your and or Your Veterinarian, prior to the coverage effective date, or within the applicable waiting period for illness coverage, then no Illness coverage is available.

LIMITATIONS

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). Eligible claims will be reimbursed as a Veterinary Fees – Illness Benefit. Where applicable, benefits may be available under the Musculoskeletal Illness Category of the Policy. Please refer to Your Product Specific Coverage Chart to determine if this coverage is available.

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 Policy maximum, 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.

Therapeutic Food

We will reimburse You for **fifty percent (50%)** 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** as stated on the Policy for Therapeutic Food, subject to the applicable co-payment and deductible. Coverage Benefits are reimbursed under the Veterinary Fees Benefit.

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** as stated on the Policy for Alternative Therapy, subject to the applicable co-payment and deductible. Coverage Benefits are reimbursed under the Veterinary Fees Benefit. Alternative Therapy includes; acupuncture, veterinary behavior consults and related prescribed medications, chiropractic, herbal therapy, homeopathy, hydrotherapy, naturopathy, physical therapy, and rehabilitative therapy. Please refer to SECTION 2 – DEFINITIONS for more details.

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 en route to a veterinary facility for treatment of a covered and eligible Medical Condition, subject to the applicable co-payment and deductible and a Maximum Benefit Amount of **\$500 per incident** of a one way trip. Coverage Benefits are reimbursed under the Veterinary Fees Benefit.

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

Exclusions list what we do not cover and what we will not be liable for.

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 Medical 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 an excluded procedure, accident and/or illness.
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 Titters), 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 Rider and coverage is in force under that Wellness Rider.
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, unless otherwise specifically covered by Our Wellness Rider and coverage is in force under that Wellness Rider.
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, unless otherwise specifically covered by Our Wellness Rider and coverage is in force under that Wellness Rider.
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 prescription diet 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, unless otherwise specifically covered by Our Dental Fees Rider, and coverage is in force under that Dental Fees Rider.
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. Invasion, war or civil war, insurrection, rebellion, revolution, military or Usurped power or by operation of armed forces while engaged in hostilities, whether war be declared or not;
 - iii. Any nuclear incident or radioactive contamination
 - iv. Viral epidemic, viral pandemic
 - v. Illegal acts

Section 7 - GENERAL CONDITIONS

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.

Product Upgrades/Downgrades

You can make changes to your Policy Type and Coverage. These are considered upgrades or downgrades in Coverage.

If You opt to upgrade Your Pet's insurance Policy to a program with higher Maximum Benefit Amounts the following rules apply:

Any claimed amounts previously reimbursed for any covered Illness or Accident condition(s) will apply against the new Maximum Benefit Amount under the upgraded Policy.

If You opt to downgrade Your Pet's insurance Policy to a program with lower Maximum Benefit Amounts the following rules apply;

Any claimed amounts will be subject to the lower Maximum Benefit Amount of the downgraded Policy.

Reimbursement for eligible claimed benefits will be filed and processed against the Policy in force at the time of Treatment (Treatment Date). The Maximum Benefit Amount for any Accident, Illness Category or Illness Condition will be considered and may limit the amount payable. 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. Please refer to Section 3 – INSURING AGREEMENT for further details.

Duplicate Coverage

If at any time any claim arises under this insurance and there is any other insurance providing coverage to 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.

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), the United Kingdom (England, Scotland, Wales, and Northern Ireland).

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 our Ownership Transfer form within 30 days of transferring the Pet.

You can download an Ownership Transfer Form at our website as noted on Your Document of Insurance or We can send You an Ownership Transfer Form at Your request by calling Us at Toll Free Phone: 1-866-597-2424.

Ownership Transfer Forms can be submitted via mail to PTZ Insurance Agency, Ltd., P.O. Box 2150, Buffalo, NY, 14240-2150, fax to 1-866-369-7387, or email to medicals@pethealthinc.com.

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.

Policy Provisions

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

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 our 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, fax to 1-866-369-7387, or email to 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

Please refer to each benefit section and/or Your Product Coverage Chart for further details on how to claim for those specific benefits. (Section 4 – Coverage and Benefits of these Terms and Conditions)

Please refer to 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.

We can offer general advice on whether fees will be considered. 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 download a claim form at our 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 issue of a claim form does not constitute an admission of liability on Our behalf.

Your Pet's complete medical history/records are required to process Your claim.

COMPLETING THE CLAIM FORM

1. Complete the sections on the claim form indicated to be completed by You.
2. Ask Your Veterinarian to complete the sections indicated to be completed by the Veterinarian. Be sure the Veterinarian has signed the Veterinarian declaration and used the clinic stamp.
3. You sign the customer declaration.
3. Collect the detailed paid invoices and Your Pets medical records.
4. Return the completed claim form with all detailed paid invoices and the medical records to Us by;



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



fax 1-866-369-7387



email to medicals@pethealthinc.com.

A Complete Claim must be submitted for processing. A Complete Claim consists of the:

- Claim Form filled out and signed**
- Itemized paid invoices**
- Medical records pertaining to the condition and for the time period twelve (12) months prior to the Treatment Date (date of loss).**

Incomplete Claims and/or failure to disclose the complete medical history for your pet may result in the denial of your claim.

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.

All claims for an active Policy must be submitted within 90 days of Treatment being given, unless state or provincial law provides for a shorter or longer period.

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.

We will write to You with our decision within 60 days after submission of a completed claim form and supporting documentation, unless state or provincial law provides for a shorter period.

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.

Claims Review/Reassessment

If a claim is denied, You or the attending Veterinarian may request a review or reassessment. This request must be submitted in writing with our Reassessment Request 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 fax to 1-866-369-7387, or email to medicals@pethealthinc.com attention to the Claims Manager and be received within 90 days from the date of claim denial notice. We will write to You with our decision.

Section 9 - BODY SYSTEM CLASSIFICATION – ILLNESS CATEGORIES

Not all Policies have Illness Category restrictions. Not all Illness Categories are covered by every Policy. Please refer to Your Document of Insurance and Product Coverage Chart which will identify the Illness Category Benefits on Your Policy.

This is an outline of our categorization of Illnesses. Each of the body systems listed below includes, but is not limited to, the organs listed after it. Associated Conditions will be appropriately adjudicated against the primary medical condition's Illness Category.

CARDIOVASCULAR AND RESPIRATORY SYSTEM

Any Illness within or affecting all or part of the heart, blood vessels, nose, nasopharynx, larynx, airways, lungs, or thoracic cavity.

DIGESTIVE SYSTEM

Any Illness within or affecting all or part of the mouth, esophagus, stomach, liver, gall bladder, exocrine pancreas, small intestine, large intestine, rectum, anus, abdominal cavity or metabolism.

UROGENITAL SYSTEM

Any illness within or affecting all or part of the kidneys, ureters, bladder, urethra, uterus, ovaries, vagina, vulva, accessory sex glands, prostate, ductus deferens, testicles, or penis.

MUSCULOSKELETAL SYSTEM

Any illness within or affecting all or part of the muscles, bones, joints, tendons, ligaments, vertebrae or intervertebral discs.

NERVOUS SYSTEM

Any illness within or affecting all or part of the brain, spinal cord, or nerves.

EYES

Any illness within or affecting all or part of the eyes or the eye area including eye lashes.

EARS

Any illness within or affecting all or part of the ears or the ear area.

SKIN

Any illness within or affecting all or part of the skin, fur or whiskers.

ENDOCRINE SYSTEM

Any illness within or affecting all or part of the thyroid, parathyroid, pituitary, adrenal glands, endocrine pancreas or any other hormone-secreting organs.

BLOOD AND LYMPHOID SYSTEM

Any illness within or affecting all or part of the spleen, bone marrow, blood, lymph, or lymphatics.

INFECTIOUS DISEASES

Any illness caused by or relating to a pathogenic, infectious agent that can affect any or all of the body systems.

CANCER

Any illness caused by or relating to malignant cancer as diagnosed by histopathology that can affect any or all of the body systems.

Section 10 – Our Service to You

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.

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.

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.

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.

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: refer to Your Document of Insurance for the web url.

Section 11 – Your Right to Cancel

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 or fax 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 PTZ Insurance Agency, Ltd., P.O. Box 2150, Buffalo, NY, 14240-2150, or fax to 1-866-369-7387.
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 or province in which this policy is issued prevail and the provisions in this policy are amended to conform to such statutes.

Claiming After the Cancellation of Your 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 90 Days of the effective date of cancellation. Note claimed Treatment must have been within the 90 days prior to the effective date of cancellation.

After such time, we will then deem all claims closed and not payable.

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

The statutes, laws, and regulations regarding Cancellation within the state or province in which this policy is issued prevail and the provisions in this policy are amended to conform to such statutes.

Section 12 – Notice

WHO MAY GIVE NOTICE TO US

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.

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 as notified to Us by You.

INSURANCE UNDERWRITER:

- Praetorian Insurance Company