

trupanion®



TRUDEVOTION

800.569.7913 TRUPANION.COM

PET HEALTH INSURANCE POLICY

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Underwritten by American Pet Insurance Company (USA) and Omega General Insurance Company (Canada)

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This policy contains various exclusions and stipulations, which restrict **coverage**. Please read it carefully.

1. INSURING AGREEMENT

We provide the insurance described in this policy in return for payment of the premium and in reliance upon the statements **you** made in the application, and subject to the terms and **conditions** set forth in the policy.

- a. **WE COVER:** the **actual cost of veterinary treatment** if **your pet** develops an **illness** or has an **accident**, with no claim payment limits per year or per claim throughout the lifetime of **your pet**.
- b. **MONTHLY PREMIUM:** **Your** monthly premium is found on the Declarations Page. The premium amount is determined by the following enrollment factors:
 - (1) Age at enrollment;
 - (2) Breed;
 - (3) Gender;
 - (4) Local cost of veterinary care, (i.e., by postal/zip code);
 - (5) Therapeutic **pet** food discount, as applicable;
 - (6) **Deductible** choice;
 - (7) Working **pet** activities;
 - (8) Rider A choice; and
 - (9) Rider B choice.
- c. **CHANGES TO YOUR PREMIUM:** **Your** premium will not change due to **your pet** aging or **your pet's** individual claims experience. However, **your** monthly premium may change (up or down) during the life of the policy as a result of changes in the overall cost of veterinary care for **your** enrollment factors. Such changes will never occur more than once per year and will not exceed 20%. If **your** premium changes, **we** will notify **you** in writing, by regular mail or by email (to the last addresses made known to **us**), at least 30 days before **your** change is to take effect.
- d. **POLICYHOLDER-INITIATED CHANGES TO COVERAGE:** If, at any time after initial enrollment, **you** elect to enhance **coverage** by decreasing **your deductible** and/or by adding a Rider, waiting periods will apply from the date of enhancement.

2. INSURED PET AND POLICY BENEFITS

- a. **INSURED PET: We** insure the **pet** described on the Declarations Page for the cost of **veterinary treatment**
- .
- b. Working **pet** activities - For this **coverage** to apply, **you** must specify at the time of enrollment which of the following working activities applies to **your pet**. An additional premium may apply:
- (1) Service and therapy cats and dogs;
 - (2) Law enforcement dogs;
 - (3) Search and rescue dogs;
 - (4) Herding, hunting and sled dogs;
 - (5) Guard dogs; and
 - (6) Breeding cats and dogs (breeding, whelping, and queening).
- c. The following optional benefits (Rider A) are available, subject to an additional premium. **You** must choose and pay for Rider A for **coverage** to apply:
- (1) Acupuncture,
 - (2) Behavioral modification,
 - (3) Bone marrow transplants,
 - (4) Chiropractic,
 - (5) Colloidal silver treatment,
 - (6) Gold seed therapy (gamma knife),
 - (7) Herbal therapy,
 - (8) Homeopathy,
 - (9) Hydrotherapy,
 - (10) Hyperbaric oxygen therapy,
 - (11) Kidney transplants,
 - (12) Naturopathy,
 - (13) Physical therapy (rehabilitative therapy),
 - (14) Platelet rich plasma injection,
 - (15) Polyethylene glycol **medication**,
 - (16) Shock-wave therapy, and
 - (17) Stem cell therapy.
- d. The following optional benefits (Rider B) are available, subject to an additional premium. **You** must choose and pay for Rider B for **coverage** to apply:
- (1) Liability **coverage** for third-party property damage;
 - (2) Advertising and reward;
 - (3) Boarding fees;
 - (4) Holiday vacation cancellation costs; and
 - (5) Cremation or burial

All benefits are subject to the terms and **conditions** of this policy. **Coverage** is in effect at the time and date shown on the Declarations Page, subject to the waiting periods.

3. ELIGIBLE CLAIMS - WHAT YOU PAY

- a. **Veterinary examination fees;**
- b. **Deductible** (if **you** choose to have one);
- c. **10% Co-insurance;**
- d. Federal/State/Provincial/Local taxes; and
- e. Costs not covered by this policy.

4. CLAIM PROCESS

- a. **You** must submit a fully completed claim form and supporting invoice(s) within 90 days of the treatment date. **You** can download a claim form from the member portal on **our** website at www.trupanion.com, or **you** may contact **our** call center at 1-800-569-7913 and **we** will mail, e-mail, or fax one to **you**.
- b. The complete medical history/records associated with **your pet** are required to process any claim. **You** agree to provide to **us** all medical history/records associated with **your pet**. **You** authorize **us**, at the time of enrollment, to contact any and all veterinary clinics or hospitals in **your** area to obtain all available medical records that exist for **your pet**. **You** authorize any and all veterinary clinics or hospitals to release to **us** all medical records that may exist for **your pet**. Failure or refusal to disclose a complete medical history for **your pet** when requested may result in the denial of **your** claim(s) and the voiding of **your** policy. If **your** policy is voided, the policy premium paid will be refunded to **you**.
- c. In the event of a disagreement between **you** and **us** concerning the **coverage** of a claim, **you** may request a review of Trupanion's denial pursuant to **our** voluntary denied claims review process. If Trupanion affirms denial of **your** claim, **you** may further request that **your** claim be reviewed by an independent third-party **veterinarian** ("**ITPV**") to adjudicate whether the medical reasoning for denial is justified. The **ITPV**'s decision shall be final and binding on Trupanion.
- d. **Your** claim is payable within 60 days after submission of a completed claim form and supporting documentation, unless state or provincial law provides for a shorter period.
- e. **You** may have **your** claims paid directly to the treating **veterinarian** if an arrangement to do so exists between Trupanion and the treating **veterinarian**.

5. GENERAL CONDITIONS

- a. Premiums are payable monthly. This policy is continued until cancelled, and will renew automatically each month as long as premium payments are current. If premiums are unpaid, **we** may cancel this policy by sending a notice of cancellation to **you** at **your** last known address at least 20 days before the effective date of cancellation.
- b. **You** may cancel **your** policy by notifying **us** in writing via mail, fax or email.
- c. If **you** cancel **your** policy for any reason within the first 30 days, and **you** have not submitted a claim within that period, **you** will receive 100% of **your** money back.
- d. Insurance fraud unfairly increases premiums for all policyholders. Thus, if **you** provide **us** with false information, or make a false, exaggerated, or otherwise dishonest claim with **us**, **we** may not pay **your** claim, **we** may void **your** policy and **we** may inform the authorities.
- e. **You** must be the owner of the insured **pet**. If the **pet** owner dies, becomes unable to care for the insured **pet**, or transfers the ownership of the insured **pet**, **we** are happy to arrange continued **coverage** if **we** are contacted within 30 days.
- f. A **pet** is covered under this policy only while the **pet** is in the United States of America, Puerto Rico or Canada.
- g. This **coverage** is not transferable to other **pets**.
- h. **Conditions** arising from repeated activity may be excluded by **us** if **you** have been notified in writing that claims arising from that activity will no longer be covered. If there is a repeated activity that is to be excluded from **your** policy, **we** will notify **you** in writing, by regular mail or by email (to the last addresses made known to **us**), at least 30 days before the change is to take effect.
- i. **We** will not make payments for claims for which **you** are entitled to indemnity under any other insurance, except for:
 - (1) Any additional sum which is payable over and above such other insurance;
 - (2) Any contribution that **we** are obliged to make by law;
- j. Qualifications – all **veterinary treatment** must be endorsed and provided by a **veterinarian** with the necessary training and experience, or staff under the **veterinarian's** direct supervision.
- k. When this policy's provisions are in conflict with the statutes of the state or province in which this policy is issued, the provisions are amended to conform to such statutes.
- l. Entire contract – This policy, the declaration page, and any attached endorsement(s) contain all the agreements between **you** and **us**.

6. THINGS YOU MUST DO

We care about and promote responsible **pet** ownership, and require **you** to do and pay for the following:

- a. **You** must act prudently in the care and protection of **your pet**. **You** must protect the **pet** from aggravation and/or recurrence of any injury and/or **illness** after its initial occurrence and provide proper maintenance/preventive care.
- b. **Your pet** must have an annual dental **examination** and, if recommended, prophylaxis (defined as ultrasonic scaling and polishing of the teeth). **You** must follow **your veterinarian's** advice about dental care and treatment. Subject to the terms and **conditions** of this policy, **we** will pay dental claims if **you** comply with these requirements.
- c. **You** must keep **your pet** vaccinated against the following:
 - (1) Dogs – Distemper, hepatitis, parainfluenza, parvovirus, rabies and any other **condition** for which **vaccination** has been recommended by **your** vet.
 - (2) Cats - Panleukopenia, rhinotracheitis, calici virus, rabies and any other **condition** for which **vaccination** has been recommended by **your** vet.

We will not pay claims for **illnesses** resulting from failure to comply with the **vaccination** guidelines described above, or other diseases that are preventable by vaccines, unless otherwise advised by **your veterinarian**.

You must arrange for **your pet** to be neutered or spayed prior to its first birthday. If **you** do not comply, no **coverage** shall apply for **illness** related to prostate problems, hormonal skin **conditions**, perianal hernias, testicular tumors, perianal tumors, mammary tumors, uterine and ovarian **conditions**, birthing, or injury due to fighting, collision with a motor vehicle, or aggressive behavior. This stipulation does not apply to **pets** where the timing of being spayed or neutered was in conjunction with their **veterinarian's** medical recommendations, or to **pets** spayed or neutered within 60 days of being adopted.

- d. Appropriate prophylactic **medication** as prescribed and dispensed by **your veterinarian** to protect against **illness**, including but not limited to lice, parasites, and fleas. **We** will not pay claims for **illnesses** or injuries as a result of **your** failure to comply with this requirement; and

Appropriate prophylactic **medication** and/or **vaccination** as prescribed and dispensed by **your veterinarian** to protect against tick-borne **illnesses**. **We** will not pay claims for **illnesses** or injuries as a result of **your** failure to comply with this requirement.

7. WHAT WE DO NOT COVER

a. WAITING PERIODS

- (1) **Illnesses** that occur or recur within the first 30 days from the **policy enrollment date** (or from a policy enhancement date); or
- (2) Injuries from an **accident** that occurs within the first 5 days from the **policy enrollment date** (or from a policy enhancement date).

b. CONDITIONS NOT COVERED

- (1) **Illnesses** for which any evidence and/or symptoms of their potential manifestation already exist at, or prior to, the **policy enrollment date**;
- (2) The cost of treatment for bilateral **conditions** presenting on one side of the body, if that **condition** was a pre-existing **condition** on the other side of the body (such as luxating patella or anterior cruciate ligament (ACL) weakness);
- (3) **Conditions** arising from a repetitive and specific activity that leads to decontamination (i.e., the induction of vomiting, stomach pumping, or treatment with charcoal), medical, or surgical treatment of **your pet**, if the same or a similar activity has occurred two times within the 18-month period prior to the **policy enrollment date**.
- (4) Abnormalities that are present at, or during the 18 months prior to, the **policy enrollment date** (even if they have not been previously detected and/or documented by a **veterinarian**). These include signs, symptoms or **conditions** which are:
 - a. observable by, or reasonably known to be present by, the **pet** owner;
 - b. detectable by a routine physical exam by **your veterinarian**;
 - c. those which have been noted from diagnostic testing, screening or radiographs.
 - c. PREVENTIVE CARE - Preventive care such as, but not limited to, **vaccinations** or titer test, flea control, tick control, heartworm **medication**, dental care and prophylaxis (meaning cleansing of tooth surfaces), deworming, nail trim, or other grooming.
- d. **DENTAL - Coverage** for the cost of scaling, cleaning and polishing the teeth at any time, and for any reason.
- e. **OTHER EXCLUSIONS**

We do not insure the costs, fees, or expenses associated with:

 - (1) Veterinary **examinations**;
 - (2) Injuries due to any intentional act, including organized dog fighting, by **you** or a member of **your** household;

- (3) Elective, cosmetic, or preventive procedures, including but not limited to tail docking, ear cropping, declawing, dew claw removal, and ear cleaning;
- (4) Boarding or transport expenses;
- (5) Complications of **conditions** excluded or restricted by this policy;
- (6) Anal gland expression. However, the cost to surgically remove the anal glands is eligible for **coverage**;
- (7) Feeding, housing, exercise, special diets, **pet** foods, routine or preventive supplements, grooming, nail trims, shampoo and bathing (including medicated baths);
- (8) **Diagnostic tests** for **conditions** or procedures excluded by this policy and/or due to complications of **conditions** excluded or restricted by this policy;
- (9) Any claim for loss arising from a nuclear reaction, radiation, radioactive contamination or the discharge of nuclear device, whether controlled or uncontrolled, **accidental** or otherwise;
- (10) Any claim for loss arising from a chemical, biological, bio-chemical or electromagnetic weapon, device, agent or material, whether controlled or uncontrolled, **accidental** or otherwise;
- (11) Any claim for loss arising from war, invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection, strikes, riots, or civil commotion;
- (12) Any **condition** resulting from activities related to training for or participating in track racing or sled racing; or
- (13) Raw food diets.

8. STIPULATIONS

- a. Supplements – **We** cover dietary supplements, including vitamins and nutraceuticals, manufactured and labeled with ingredient analysis, which are dispensed by **your veterinarian** in the treatment of injuries and symptomatic **illnesses** covered by this policy and not for routine or preventive care.
- b. Therapeutic **Pet** Food – **We** cover 50% of the cost of therapeutic **pet** food when recommended and dispensed by **your veterinarian** in the treatment of injuries or **illnesses** covered by this policy for up to two months of feeding. If **you** continue to feed **your pet** the food as a long-term replacement diet, **you** will be eligible for a discount to **your** monthly premium. This **coverage** is not for routine/preventive care.
- c. Dental – **We** will pay for endodontic treatment due to dental disease or trauma for canine and carnassial teeth. If endodontic treatment is performed on any other teeth, **we** will pay for the cost of extraction.

9. DEFINITIONS

These words that are used throughout the policy have the following special meanings:

- a. **ACCIDENT** – An event causing injury to the **pet**, when such injury is neither expected nor intended by **you**.
- b. **ACTUAL COST OF VETERINARY TREATMENT** – The standard fees/costs a **veterinarian** would charge, regardless of whether that customer has insurance **coverage**.
- c. **CO-INSURANCE** – **Your** portion of the cost of insured **veterinary treatment**. **Your co-insurance** amount is 10% and is shown on the Declarations Page as the “Owner” portion.
- d. **CONDITION** – Any manifestations of clinical symptoms consistent with a diagnosis or diagnoses, regardless of the number of incidents or areas of the body affected.
- e. **COVERAGE** – The insurance protection described in this policy form and on the Declarations Page.
- f. **DEDUCTIBLE** – The monetary amount that **you** pay for each **condition**. Once the **deductible** amount has been met for a specific **condition**, the policy will then pay out all future losses subject to all other terms and **conditions**.
- g. **DIAGNOSTIC TESTS** – Tests used to determine the overall health of **your pet**. **Diagnostic tests** can be used as a way to detect certain abnormalities, validate the current health of **your pet** or help to thoroughly evaluate an older **pet** before problems surface.
- h. **EXAMINATION** – A thorough **examination**, encompassing all body systems, performed by a licensed **veterinarian**. Also referred to as “full physical,” “physical consultation,” “full **examination**,” or “veterinary **examination**.”
- i. **ILLNESS** – Sickness, disease, and any changes to **your pet’s** normal healthy state not caused by an **accident**.
- j. **ITPV - Independent Third Party Veterinarian** – Trupanion contracts with independent **veterinarians** who are board certified specialists/experts in the field of **your** claim. For example – a claim pertaining to cancer would be reviewed by a board certified oncologist. These doctors are selected solely on the basis of their degree of expertise and have no other relationship or affiliation with Trupanion.
- k. **MEDICATION** – legally prescribed **medication** dispensed by **your veterinarian**.

- l. **PET OR PETS** – A domestic cat or dog that is owned for companionship or as a service dog, not owned for commercial reasons. This term does not refer to hybrid breeds resulting from the breeding of domestic cats or dogs with wild breeds (e.g. wolf hybrid).
- m. **POLICY ENROLLMENT DATE** – This is the date **you** enroll **your pet** with **us**.
- n. **RACING DOG** – A dog which is owned and maintained for the purpose of **competing** in organized track or sled races or speed tests.
- o. **SURGERIES** – Procedures that treat diseases or injuries by operative manual and instrumental methods.
- p. **VACCINATION** – The administration of a legally approved commercial vaccine by a licensed **veterinarian**, in accordance with the manufacturer’s recommendations for prevention of disease.
- q. **VETERINARIAN** – A **veterinarian** licensed to practice in the area where **your pet** is treated or examined.
- r. **VETERINARY TREATMENT** – **Diagnostic tests, surgeries, medications**, supplements, therapeutic **pet** food, orthotic devices, prosthetic devices, carts, nursing and care that are proven and accepted forms of treatment.
- s. **VETERINARY EXAMINATION FEES** – Fees charged for the professional opinion of a **veterinarian**, including but not limited to consultation, **examination**, office visit, referral, and recheck fees.
- t. **WE, US, AND OUR** – Trupanion handles many of the administrative processes for this insurance on behalf of the underwriter. The terms “**We**,” “**Us**,” or “**Our**” should be interpreted in that context.
- u. **YOU AND YOUR** – The Insured/spouse/partner (**pet** owner) named in the Declarations Page.
- v. **YOUR PET** – The dog or cat named in the Declarations Page or in the schedule.

NOTICE



10. NOTICE

a. Any written notice to Trupanion may be delivered to **us** at:

United States Policyholders:

Trupanion
American Pet Insurance Company
907 NW Ballard Way
Seattle, WA 98107-4607

Canadian Policyholders:

Trupanion
Omega General
Insurance Company
PO Box 34538, 1268 Marine Drive
North Vancouver, BC V7P 1T2

Email: notice@trupanion.com

Fax: 1-866-405-4536

IN WITNESS WHEREOF, the Company has executed and attested these presents.

A handwritten signature in black ink, appearing to be 'Darryl Rawlings', written over a horizontal line.

Darryl Rawlings, Chief Executive Officer