

CompanionCare Terms and Conditions

1. Insuring Agreement

In return for receiving **Your** payment of premium when due, **We** will provide insurance for **Your Pet(s)** as explained in the below **Policy** terms and conditions. This agreement also includes the **Declarations Page**, **Your** application and any endorsements.

2. Definitions

Defined terms are in bold print throughout the **Policy** for ease of reading.

- a. **Accident** is a sudden, unpreventable event that causes physical **Injury** to **Your Pet(s)**.
- b. **Alternative and Complementary Therapies** include, but are not limited to, vitamins and nutritional supplements prescribed by a **Veterinarian**, holistic, acupuncture, chiropractic **Treatment**, performed by a **Veterinarian** or a veterinary staff member under the direct supervision of a **Veterinarian**.
- c. **Annual Limit** is the maximum amount **We** will reimburse **You** for all **Covered Expenses** during a **Policy** year. **Your Annual Limit** is shown on the **Declarations Page**.
- d. **Behavioral Problems** means a **Pet** exhibiting abnormal responses to stimuli, not caused by an underlying medical condition, including but not limited to, aggression, anxiety and destructive and/or compulsive behavior.
- e. **Bilateral Condition** is a condition or disease that affects both sides of the body (examples: cruciate ligament and lameness).
- f. **Coinsurance** is **Your** portion of **Covered Expenses** after the **Deductible** is met. **Your Coinsurance** amount is shown on the **Declarations Page**.
- g. **Congenital** means an **Illness**, disease or condition that was present at or dated from the birth of **Your Pet(s)**.
- h. **Coverage Period** means the time period specified on the **Declarations Page** beginning on the effective date and ending on the expiration date. All dates are as of 12:01 AM in the time zone of the **Policyholder**.
- i. **Covered Expenses** means the **Reasonable and Customary** charges for **Medically Necessary Treatments** provided by **Your Veterinarian** during the **Policy** period that are eligible for reimbursement under this **Policy**.
- j. **Declarations Page** is the page sent to **You** with specific information about the **Policy** regarding **Policy** period, coverages, limits of liability and premiums.
- k. **Deductible** is the annual amount that must be paid for each **Pet** before **We** will pay a claim for **Covered Expenses**.
- l. **Illness** means physical disease, sickness, infection, condition or failure which is not caused by **Injury**.
- m. **Incident** means a specifically identifiable **Illness** or **Injury**. **Incident** may include multiple diagnosis when they are secondary or related. If an **Incident** is recurring/chronic it is considered one **Incident**.
- n. **Inherited** means an **Illness**, disease or condition whose presence is determined by genetic factors.
- o. **Injury** means physical damage caused by an **Accident**.
- p. **Medically Necessary** means medical services, supplies or care provided to treat covered **Pet(s)** which are:
 - i. consistent with **Symptoms** or diagnosis.
 - ii. accepted as good veterinary practice standards.
 - iii. not for the ease or the request of the **Pet(s)** owner, **Veterinarian** or other providers.
 - iv. consistent with proper supply or level of services which can be safely provided to the **Pet(s)**.
- q. **Medical Waste Fees** mean the charges associated with the disposal of medical waste, surgical or chemotherapeutical waste.
- r. **Onset** means the beginning or first appearance of the signs or **Symptoms** of an **Illness** or **Injury**.
- s. **Per Incident Limit** is the maximum **We** will reimburse **You** for a **Covered Expense** over the life of **Your Pet(s)** for each **Incident** with an **Onset** date within the **Coverage Period**. **Your Per Incident limit** is shown on the **Declarations Page**.
- t. **Pet(s)** refers to the animal(s) listed on the **Declarations Page**.
- u. **Pet Ambulance** means a **Pet** medical transportation service vehicle equipped with stretchers, hydraulic tables, oxygen and a driver and/or veterinary technician.
- v. **Pet Original Start Date** means the effective date when the **Pet** was first covered by a **Policy** administered by **Us** or **Our** authorized administrator, unless otherwise stated on the **Declarations Page**.
- w. **Policy** means the terms and conditions and most recent **Declarations Page** which includes any forms and endorsements that apply.
- x. **Pre-existing Condition** means any **Illness** or **Injury** which occurred, reoccurred, existed or showed **Symptoms**, whether or not diagnosed by a **Veterinarian**, prior to the **Pet Original Start Date**, **Coverage Period** or during the **Waiting Period**.
- y. **Prescription Medication** means any medicine that is dispensed only with a written prescription from a **Veterinarian**.
- z. **Preventive Care** means **Treatment** intended for the prevention of an **Illness** or **Injury**.

- aa. **Reasonable and Customary Charges** means typical fees or the cost that **Veterinarians** charge in **Your** geographic area based on available veterinary fee information and proprietary data.
- bb. **Symptoms** means the first departure from normal function or feeling which is noticed by **You** or **Your Veterinarian**, reflecting the presence of an **Illness** or **Injury**
- cc. **Treatment** means any test, x-rays, medication, surgery, hospitalization, nursing and care provided or prescribed by a **Veterinarian**.
- dd. **Veterinarian** means a licensed physician for animals and a provider of veterinary medicine. **Veterinarian** shall not include **You** or a member of **Your** immediate family.
- ee. **Waiting Period** means a period of time specified in the **Policy** that must pass before some or all of the coverage begins. The **Waiting Period** applies to the **Pet Original Start Date** and any coverage increases but does not apply to **Your** annual renewal, provided **You** maintain continuous coverage with **Us**. The **Waiting Period** begins as of the Effective date of the **Coverage Period**.
- ff. **We/Us/Our** (also **Insurer**) means the company providing the insurance.
- gg. **You/Your** (also **Policyholder**) means the person named in the **Declarations Page**.

3. What is Covered

After satisfying the annual **Deductible** indicated on the **Declarations Page**, **We** will reimburse **You** in accordance with **Your** plan, less any limitations and exclusions, the amount after **Coinsurance** for eligible **Covered Expenses** that are **Medically Necessary** to treat or diagnose a current covered **Incident** showing **Symptoms** during the **Policy** period but after the **Waiting Period**, including but not limited to:

- a. Laboratory tests, x-rays, ultrasound, MRI and CT scans;
- b. Surgery;
- c. Hospitalization
- d. **Prescription Medication** that is prescribed by a **Veterinarian**;
- e. Extractions to permanent broken teeth due to an **Accident**;
- f. Chemotherapy;
- g. Hydrotherapy and Physical Therapy;
- h. Emergency ground **Pet Ambulance** transportation up to the maximum benefit for this coverage as specified on the **Declarations Page**; and
- i. Euthanasia (when advised by a **Veterinarian** to alleviate suffering).

Regardless of the number of claims made during the period of insurance, **Our** total liability of insurance for each **Pet** for all **Covered Expenses** will not exceed the amount shown on the **Declarations Page** under the Annual Maximum, subject to **Coinsurance** and **Deductible** requirements and **Per Incident Limits**

4. Waiting Periods for Coverage

There is a fourteen (14) day **Waiting Period** per **Pet** before **We** will cover an **Illness**, except for IVDD (Intervertebral Disc Disease) where there is a 180-day **Waiting Period**.

There is a two (2) day **Waiting Period** per **Pet** before **We** will cover an **Accident**, except for cruciate ligament related **condition** where there is a 180-day **Waiting Period**.

Waiting Periods are waived for subsequent renewals provided **You** maintain an active **Policy**, with no gap in coverage, annually renewed and continuously in-force.

5. Exclusions

- a. **Pre-existing Conditions** including, but not limited to:
 - i. **Bilateral Condition**, presenting on one side of the body. For example, a cruciate tear in the left leg that showed **Symptoms** prior to the **Coverage Period** or during a **Waiting Period**, a subsequent cruciate tear in the right leg will be considered **Pre-existing**.
 - ii. IVDD (Intervertebral Disc Disease) if diagnosed, treated, or showing **Symptoms** prior to the **Coverage Period** or during a **Waiting Period** and any further episodes of IVDD or any future occurrence of this condition.
- b. Physical examination; including costs and/or fees for telephone consultation unless you purchase Optional ExamPlus Coverage.

- c. **Treatments** or diagnostics of an **Illness, Injury** or service excluded by the **Policy** as well as secondary complications from such excluded **Illness, Injury** or service.
- d. Intentional, neglectful or preventable acts caused by **You**, a member of **Your** household or any other person that has care, custody or control of **Your Pet(s)**, that result in **Illness** or **Injury to Your Pet(s)**.
- e. Elective cosmetic, grooming, bathing and nail clipping, including any **Illness** or **Injury** that results from these services.
- f. Fees to diagnose or treat any **Illness** or **Injury** related to breeding, pregnancy, whelping and nursing.
- g. Any conditions related to teeth including but not limited to gingivitis, periodontal disease, root canals, caps and crowns, vital pulpotomies, deciduous teeth, diseased and abscessed teeth (except **Medically Necessary** extractions for permanent broken teeth due to an **Accident**). The cost of dental cleaning unless **You** purchase Optional Defender/DefenderPlus Coverage.
- h. **Preventive Care** including, but not limited to, wellness exams, preventative **Treatment**, diagnostic procedures, vaccinations, flea control and other parasite prevention, unless you purchase Optional Defender/DefenderPlus Coverage.
- i. Spaying or neutering (including preventative sterilization surgery, such as for **Treatment** for cryptorchidism, chimerism or chromosomal abnormalities), unless you purchase Optional DefenderPlus Coverage.
- j. All diets, **Pet** food, whether prescribed or not. This does not include a prescription diet used as the sole **Treatment** of a covered condition.
- k. More than one **Illness** or **Injury** for the life of a **Pet** arising from a repetitive and specific activity or similar activity that has previously occurred and displayed the propensity for this activity to happen again and cause **Illness** or **Injury to Your Pet(s)**. Examples include, but are not limited to, foreign body ingestion, dog fights and toxin ingestion.
- l. Diagnostics or **Treatment** for internal or external parasites, and any secondary **Illness** or **Injury** that may arise including, but not limited to, fleas, ticks, giardia, heartworms and roundworms.
- m. Air ambulance and non-emergency **Pet Ambulance** transportation.
- n. Experimental, investigational **Treatment**, organ and tissue transplants or prosthesis.
- o. Sales tax, medical waste, veterinary administrative, shipping and postage fees.
- p. The cost of disposing of the remains of **Your Pet(s)** unless **You** have purchase the Optional SupportPlus Coverage.
- q. Cost of **Treatment** for any **Illness** or **Injury** arising from **Your** decision to not follow **Your Veterinarian's** advice including, but not limited to, **Illness** for which a vaccine is available.
- r. House calls, travel time, boarding and/or transportation.
- s. **Treatment** or diagnostics related to **Behavioral Problems** unless **You** purchase Optional AlternativePlus Coverage.
- t. Conditions resulting from activities related to training or participating in track or sled racing, guard security, law enforcement (unless authorized in advance by **Us**), working or organized fighting.
- u. **Illness** or **Injury** caused by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting the attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination; j) pandemic conditions; k) chemical, biological, biochemical or electromagnetic weapon; l) acts of foreign enemies; m) strikes; n) riots; o) civil commotion; p) epidemic; or q) avian or swine influenza or any mutant variation.
- v. Anal gland expression. This does not include **Prescription Medication** and surgical **Treatment** for anal gland infection.
- w. Obesity or overweight, if not due to an underlying medical condition.
- x. Osteoarthritis, Spondylosis, Luxating Patella, and Diabetes unless you purchase Optional HereditaryPlus Coverage.
- y. Necropsy unless you purchase Optional SupportPlus Coverage.
- z. **Congenital** and **Inherited** conditions unless you purchase Optional HereditaryPlus Coverage.

6. Optional Coverages

If chosen by **You**, and shown as applicable on the **Declarations Page**, the following optional coverages apply separately to each **Pet** per **Policy** year.

Defender/DefenderPlus

We will reimburse **You**, if shown on the **Declarations Page**, for the **Preventive Care** listed below that **Your Pet(s)** receives from a licensed **Veterinarian** during the **Policy** period. Benefits will not exceed the maximum benefits shown below. **Coinsurance** and **Deductible** requirements do not apply to wellness benefits.

Our total liability of each **Pet** for each **Policy** Year is shown in the Maximum Allowable Limits per **Policy** year.

Benefit Schedule

Preventive Benefit	Maximum Allowable Limits	
	Defender	DefenderPlus
Spay/Neuter or Teeth Cleaning	\$0	\$150
Rabies Vaccine	\$15	\$15
Flea/Tick Prevention	\$50	\$65
Heartworm Prevention	\$30	\$30
Vaccination/Titer	\$30	\$40
Wellness Exam	\$50	\$50
Heartworm test or FELV screen	\$25	\$30
Blood, fecal, parasite exam	\$50	\$70
Microchip	\$20	\$40
Urinalysis or ERD	\$15	\$25
Deworming	\$20	\$20

SupportPlus

We will reimburse **You**, if shown on the **Declarations Page**, for the cost of final expenses for necropsy, cremation and urns upon the death of each **Pet** covered for such costs incurred after the **Waiting Period** and during the **Coverage Period** up to a maximum benefit of \$300 subject to the Annual Maximum amount. **Coinsurance** and **Deductible** provisions do not apply to SupportPlus Coverage.

ExamPlus

We will reimburse **You**, if shown on the **Declarations Page**, for the **Covered Expenses** that occur during the **Coverage Period** subject to **Policy** limits and exclusion including, but not limited to, **Coinsurance**, **Deductible** and **Annual Limit** for physical examination; including costs and/or fees for telephone consultation; to diagnose a current covered **Illness** or **Injury**. This endorsement does not provide coverage for annual wellness office exams.

AlternativePlus

We will reimburse **You**, if shown on the **Declarations Page**, after a thirty (30) day **Waiting Period** for the **Covered Expenses** that occur during the **Coverage Period** subject to **Policy** limits and exclusions including, but not limited to, **Coinsurance**, **Deductible** and **Annual Limit**, for **Alternative and Complementary Therapies** and the diagnosis and **Treatment of Behavioral Problems**. There is an Annual Maximum of \$1,000 for **Behavioral Problems**.

HereditaryPlus

We will reimburse **You**, if shown on the **Declarations Page**, after a thirty (30) day **Waiting Period** for the **Covered Expenses** that occur during the **Coverage Period** subject to the **Policy** limits and exclusions including, but not limited to **Coinsurance**, **Deductible** and the **Annual Limit** for **Congenital** and **Inherited** conditions as well as Osteoarthritis, Spondylosis, Luxating Patella and Diabetes. **Symptoms** present prior to the **Coverage Period** or during the **Waiting Period** are **Pre-Existing**.

7. General Conditions

- a. This **Policy** only applies to losses that occur and are treated within the United States, its territories and possessions, and Canada. No coverage exists for an **Incident** or **Treatment** that occurs outside of the above territories.
- b. If a claim arises under this **Policy** and there is any other insurance providing **Coverage** to **Your Pet(s)**, this **Policy** is excess insurance. This **Policy** will only apply to any claim costs once all other valid and collectible insurance has been exhausted, and then only for the excess amount not covered by the other insurance, always subject to the terms and conditions of this **Policy**.
- c. **We** will not insure **Your Pet** under more than one **Pet** insurance **Policy** with **Us** during any **Policy** period. If **We** find that an insured has more than one such **Policy** with **Us**, coverage will be provided under the **Policy** that has been in force for the longer period of time.
- d. **Your Pet(s)** must receive an annual physical exam, as well as all prescribed vaccines as advised by **Your Veterinarian**.
- e. **You** must follow and carry out the **Veterinarian's** advice and show reasonable care to protect the **Pet(s)** from harm. The examining **Veterinarian** for the purposes of medical information cannot be **You** or a member of **Your** immediate family.
- f. **You** are the owner of **Your Pet(s)**.
- g. Coverage for **Your Pet(s)** will cease if ownership is changed.
- h. If any **Policy** wording conflicts with the laws of the state in which this **Policy** is issued, the wording will be changed to meet the laws of that state.
- i. Authorized representatives must be added by the **Policyholder**. Any authorized representative may cancel or change the **Policy**. The action of any authorized representative will be binding.
- j. Continuing coverage for a covered **Incident** from a preceding **Policy** is subject to the terms and conditions of this **Policy**.
- k. By accepting the terms of this insurance as evidenced by the payment of premiums, it is agreed that this **Policy**, endorsements and any other notices may be delivered to **You** by electronic mail via the internet at **Our** option.
- l. **Your Policy** will become legally binding once **You** have paid **Your** premium. The premium is due when **You** take out a new **Policy** and when **You** renew an existing **Policy**. **Your Policy** is an annual contract of insurance with a monthly and annual payment option. Premiums must be paid in full and on time to maintain coverage.
- m. This **Policy** will automatically renew unless **We** receive notice from **You** before the renewal date. Premiums may increase at renewal for: **Pet** age, veterinary cost inflation, actuarial changes, address changes, Annual Maximum increase and other **Policy** parameters.
- n. 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** and reset the **Waiting Period** and the determination of **Pre-existing Conditions**.

8. Cancellation and Nonrenewal

- a. **You** may cancel this **Policy** at any time by providing to **Us** advance notice of cancellation or **Your** intent to not renew.
- b. **We** may cancel this **Policy** by mailing or delivering to **You** written notice of cancellation at least:
 - i. Ten (10) days or as applicable by state law before the date of cancellation if **We** cancel for nonpayment of premium.
 - ii. Thirty (30) days or as applicable by state law before the date of cancellation if **We** cancel for any other reason.
- c. **We** will mail or deliver **Our** notice of cancellation or nonrenewal to **Your** last mailing address known to **Us**.
- d. Notice of cancellation will state the effective date of cancellation. Insurance coverage under this **Policy** will end on that date.
- e. **We** may elect to nonrenew this **Policy** on the expiration date shown on the **Declarations Page**. **We** may do so by mailing to **You** written notice, stating the reason for nonrenewal, at least forty-five (45) days or as applicable by state law prior to the expiration date of **Your Policy**.
- f. If notice of cancellation or nonrenewal is mailed, proof of mailing will be sufficient proof of notice.
- g. If either **You** or **We** cancel the **Policy**, **We** will refund **You** any unearned premium.
- h. **We** will automatically renew **Your Policy** at expiration unless **You** are otherwise notified of a nonrenewal.
- i. **We** may change the premium, **Coinsurance** amounts, annual **Deductibles** and **Policy** terms and conditions at renewal. **You** will be notified of all changes in writing at least thirty (30) days before the renewal date.
- j. This **Policy** may be voided:
 - i. If **You** have concealed or misrepresented any material fact or circumstance concerning this insurance or the **Pet(s)** covered.
 - ii. In the case of fraud or attempted fraud by **You** concerning any matter relating to this insurance or the **Pet(s)** covered.
- k. The first time **You** enroll **Your Pet(s)** in one of **Our Policies** **You** have thirty (30) days from the effective date to cancel and receive **Your** paid premium back in full, as long as **You** have not filed a claim.
- l. After the first thirty (30) days of the **Policy** period, **We** will compute any refund due on a daily pro-rata basis.

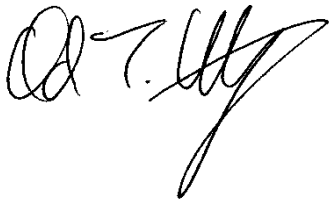
9. Claims Conditions

- a. In the event **You** incur a loss **You** must notify **Us** by providing the following:
 - i. A completed claim form with **Us**, as soon as practicable.
 - ii. Invoices from **Your** treating **Veterinarian** listing the services performed, products provided and the itemized charges for **Treatment**, including packages and/or discounts.
 - iii. A payment receipt when submitting a handwritten invoice. If payment receipt is not provided the invoice will be verified with **Your Veterinarian** prior to claim processing.
- b. **We** reserve the right to ask for information from any **Veterinarian** that has ever seen **Your Pet(s)** in order to assess its health.
- c. **We**, at **Our** expense, have the right to have any covered **Pet(s)** examined by a **Veterinarian** of **Our** choice as often as reasonably necessary while a claim is pending.
- d. If **You** disagree with the decision made by **Us**, **You** have the right to an appeal. Any claim submitted for reconsideration must be submitted within sixty days (60), or as soon as reasonably practicable, of the decision and must be in writing on a Claims Redetermination Request Form. If the appeal is regarding a disagreement over medical facts, rather than **Policy** coverage or terms, **We** may, at **Our** own discretion, consult with an impartial **Veterinarian** selected by **Us**, who is independent and not controlled by **Us**, to conduct a review. Any such redetermination by the impartial **Veterinarian** will be binding on **Us**.
- e. If **We** pay a claim contrary to this **Policy's** terms and conditions, that payment does not waive **Our** rights to apply those terms and conditions to any paid or any future claim. **We** also have the right to stop payment or recover from **You** any claim amount paid incorrectly.
- f. If **You** or anyone acting on **Your** behalf submits a fraudulent claim, all pending and future benefits under the **Policy** will be lost with respect to the **Policy**.
- g. No action can be taken against **Us** unless **You** have complied with all of the terms and conditions of this **Policy**, and ninety-one (91) days has elapsed after proof of loss is filed and the amount of loss is determined as provided in this **Policy**. **You** will have thirty-six (36) months from the date the claim is denied to take legal action against **Us** with respect to recovery of a claim under this **Policy**.
- h. It is hereby mutually agreed that any dispute or difference of agreement arising between **Us** and the **Policyholder** with respect to this agreement shall be submitted to arbitration under rules of the American Arbitration Association (AAA). The place of Arbitration will be North Carolina unless the laws of the state of the insured dictate otherwise.
- i. **You** must cooperate with **Us** in the investigation or settlement of any claim.
- j. Any **Illness** or **Injury** where a final diagnosis has not been made will be pended as ineligible until **We** receive written documentation from **Your Veterinarian** with the definitive diagnosis.

Send Correspondence to:

PetPartners, Inc.
PO Box 37940
Raleigh, NC 27627-7940

The Company has caused this **Policy** to be executed, attested and countersigned by an authorized representative of the Company.



David Kettig
President



Loan Nisser
Secretary