



PetFirst Insurance Summary

Lifetime

TERMS AND CONDITIONS



This document is a summary for reference purposes.



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INSURING AGREEMENT

- A. Upon payment of the premium by the **insured**, when due and complying with the terms of this policy, the **insurer** agrees to reimburse the **insured** for **covered services** to the extent set forth below in the sections of the policy entitled Benefit Provisions and General Conditions. **We** will pay only for **covered services** rendered during the **policy period**. Benefits are payable subject to any and all policy conditions and exclusions.
- B. As various provisions in this policy restrict coverage, please read the entire policy carefully to determine **your** rights and what is and is not covered.
- C. Words and phrases in bold print have special meaning. They are defined in the Definitions provision below.

DEFINITIONS

- A. **Annual Aggregate Limit:** The maximum amount **we** will pay for all **covered incidents** as shown on the Declarations for each 12 month policy term.
- B. **Application:** **Your** statements and representations to **us** provided by **you** in the enrollment process in response to **our** standard questions and data requests to **you** as comprising part of the enrollment process whether such enrollment is done over the telephone, on paper, or via the Internet.
- C. **Co-pay:** The percentage of the covered allowable charge for which you are responsible per Pet and which is not reimbursable under this policy. **Co-pay** shall be applied after any deductible.
- D. **Congenital defects or diseases:** A condition that is present from birth, whether inherited or caused by the environment, which may cause or otherwise contribute to illness or disease.
- E. **Covered incident:** An occurrence wherein **you**(the **insured**) had to make payment for a **covered service** under this policy.
- F. **Covered service:** Necessary **veterinary services** provided to or arising from accidental injury or illness affecting **your pet** during the **policy period**, but only including those expenses incurred during the **policy period**, subject to the Loss Conditions & **Insured's** Duties.
- G. **Document of insurance:** Any document issued to **you** by **us** in connection with this policy that names **you** as the **insured**, specifying the pet with respect to which coverage is being provided and stating the effective date of the policy and/or **policy period**. This term shall include the Declarations.
- H. **Insured:** **You**, the pet owner/**insured** policyholder.

- I. **Insurer:** The insurance carrier identified on the Declarations Page of this policy and other pertinent **documents of insurance**.
- J. **Policy period:** Twelve months from the effective date of this policy unless otherwise specified on the policy's Declarations.
- K. **Pre-existing condition:** Any illness, condition requiring medical treatment or injury affecting **your pet** that manifests, whether diagnosed or treated, prior to the inception date of this policy.
- L. **Reasonable & Customary:** Published industry guidelines such as the American Animal Hospital Association's fee reference guide for **veterinarians**.
- M. **Veterinarian:** A properly licensed veterinarian.
- N. **Veterinary services:** Services rendered by a licensed **veterinarian**.
- O. **Waiting period:** An initial period of days from the inception date of this policy shown on the declaration page for illness claims.
- P. **We; our; or us:** The **insurer**.
- Q. **You or Your:** The **insured** policyholder.
- R. **Your pet:** Only the pet specified and described by **you** in the **application** for this policy and other **documents of insurance** pertaining to this policy.

EFFECTIVE DATE

Your coverage begins as of the effective date and time shown on the **documents of insurance** (including the Declarations, which forms part of this policy as issued) provided to **you** upon enrollment in the Plan. **We** will not reimburse **you** for illness expenses arising from any incident pertaining to **your pet** occurring within the initial **waiting period** commencing at policy inception shown on the declaration page. This **waiting period** shown on the declaration page will not apply to accident expenses or any subsequent **policy period** representing a renewal of this policy, if continuous coverage is maintained.

BENEFIT PROVISIONS

- A. During the **policy period**, **we** will reimburse **reasonable and customary covered services** per **covered incident** claim, subject to:
 - 1. The **Annual Aggregate Limit**;
 - 2. The co-pay shown on the declaration page; and
 - 3. **Your** payment of any applicable deductible; in the amounts that are listed on the declaration page.
- B. Benefits are paid for **covered services** as defined in this policy and set forth in the section of this policy entitled General Conditions below.

DEDUCTIBLE

A deductible applies to each **covered incident** during the **policy period** as shown on the Declarations Page.

GENERAL CONDITIONS

- A. Payments for **covered services** are limited to the **Annual Aggregate Limit** as shown on the Declarations Page.
- B. Leukemia insurance for cats may be made effective only after **you** provide documentation of a negative FeLV test and proper vaccination.
- C. Expenses arising from **pre-existing conditions** are not covered by this policy. In the original **application** for this insurance, **you** have either represented that **your pet** as specified and described in the **application** and/or Declarations was in good health and free of illness or injury as of the effective date of the policy or **you** have disclosed a specific **pre-existing condition(s)**. By accepting this policy, have affirmed **your** understanding that any expenses arising from treatment of such **pre-existing condition(s)** will not be covered under this policy.
- D. In the event of the insured opting to transfer the insured's pet to a program with higher benefits, the maximum benefit payable with respect to an illness or injury will be restricted to the maximum benefit payable under the policy that applied during the period in which such illness(es) or injury was first noted; diagnosed; or treated. If the level of coverage is lowered, the lower maximum benefits shall apply. The addition of any new pet(s) or endorsements/riders to an active policy shall result in a 15 day waiting period before that coverage becomes effective.

ELECTRONIC DELIVERY

By accepting the terms of this insurance as evidenced by the payment of premiums hereunder, it is agreed that this policy and any endorsements may be delivered to **you** by electronic mail via the Internet, at **our** option. If **you** choose not to accept electronic delivery of this policy, **you** must immediately notify **us** and arrange for the policy to be mailed or otherwise delivered.

TERRITORY

This coverage is valid and only applies to **covered incidents** occurring or services rendered within the United States, its territories and possessions while this policy is in effect.

OTHER INSURANCE

If at any time a claim is made under this policy for a **covered incident**, and there is other insurance applicable, **we** will pay **our** share of the benefits for covered expenses subject to the following conditions:

1. If the policies are not simultaneous as to the order of policy dates, the second and subsequent policies shall participate in the loss only to the extent that the coverage

is excess over the amount of all previous policies on the same interest.

2. If two or more policies bear the same date, they are considered to be simultaneous, and each insurer shall contribute proportionately. If the other insurance does not have a per incident or aggregate limit, **our** share of the loss shall be no more than 50%.

The insolvency of the insurers does not affect the proportionate liability of the other insurers.

TERMINATION OF INSURANCE

- A. **General.** This policy may be terminated by **us** during the **policy period** by written notice to **you** for reasons allowable by applicable state law and with such time period between the sending of such notice and the effective date of cancellation as is allowable under state law. Reasons for cancellation may include, but, subject to applicable state law, are not necessarily limited to, nonpayment of premium. Specific terms and conditions with respect to termination; cancellation; and nonrenewal of this policy are set forth in the attached Cancellation and Nonrenewal Endorsement, which is made a part of this policy.
- B. **Misrepresentation.** The policy is terminable if **you** have willfully concealed or misrepresented any material fact concerning this insurance or the subject thereof or committed any fraud or false swearing relating thereto. Such cancellation will be effected pursuant to written notice to **you** with the minimum advance notice period allowable under applicable state law for a cancellation due to fraud or material misrepresentation.
- C. **Termination by Insured.** **You** (the **insured** policyholder) may terminate this policy at any time for any reason by mailing or delivering written notice of cancellation to **us**.

TRANSFER OF POLICY

This policy, while issued to **you**, provides coverage only with respect to the specific pet (**your pet** or **the covered pet**) designated and described in the **application** for this policy and its Declarations. If ownership of **your pet** is transferred to another person during the **policy period**, continued coverage for **your pet** is subject to a new **application** and to applicable underwriting rules.

EXCLUSIONS AND LIMITATIONS

Beyond the exclusions and limitations pertaining to specific coverages under this policy that have thus far been set forth above, this policy will not pay for costs **you** incur for:

- Injury or illness contracted, manifested or incurred prior to the policy effective date unless such injury or illness has been cured and there has not been a subsequent recurrence or manifestation of the injury or illness requiring treatment.

- Elective procedures, cosmetic surgeries, including but not limited to tail docking; dewclaws; skin folds; nail trims; and cropping of ears.
- Expression or removal of anal glands, or anal sacculitis.
- Breeding or conditions related to breeding.
- Special diets; pet foods; vitamins; mineral supplements; grooming costs and bathing (including medicated baths).
- Treatment of external parasites such as fleas; lice and ticks and preventable internal parasites such as heartworms; hookworms; roundworms; tapeworms; and whipworms.
- Orthodontics; endodontics and removal of deciduous teeth.
- Diagnostic test(s) and treatment(s) for conditions excluded or limited by this policy and complications of conditions excluded or limited by this policy.
- Time and travel expenses to the “veterinarian’s” premises or hospital.
- Illness or injury which arises out of racing; coursing; commercial guarding; or organized fighting of **your pet**.
- Behavioral training.
- Routine examinations; routine tests or screens; vaccines; teeth cleaning; or polishing.
- Preventive treatments and diagnostics for or conditions relating to preventable parasites, including heartworms.
- Spaying; Neutering.
- Diagnosis; medical management; or surgical correction of intervertebral disc(s) regardless of the procuring cause (unless otherwise agreed with **you**) during the first twelve (12) months of the **policy period**. However, this exclusion does not apply if this policy is a renewal of a Pet Insurance Policy issued by **us**.
- Diagnosis; medical management; or surgical correction of cruciate ligament damage or rupture to include treatment for the anterior cruciate ligament (ACL); medial cruciate ligament (MCL); posterior cruciate ligament (PCL); and cranial cruciate ligament (CCL) during the first twelve (12) months of the **policy period**. However, this exclusion does not apply if this policy is a renewal of a Pet Insurance Policy issued by **us**.
- Payment of any treatment not performed by a licensed **veterinarian**.
- Diagnosis or treatment for organ transplants.

This policy will not provide payment for expenses related to accidental injury to or illness of **your pet** caused directly or indirectly by: 1. An enemy attack by armed forces; with or without a state of war; including actions taken in resisting that attack; 2. insurrection; 3. rebellion; 4. revolution; 5. invasion; 6. civil war; 7. illegal acts; 8. usurped power; or 9. as a result of any: nuclear incident; or biological, chemical or radiation contamination or exposure other than acts of terrorism.

EXPANSION OF COVERAGE

If **we** make changes to the policy form, the provisions exclusions and limitations conditions, endorsements or rules whereby the insurance is expanded or broadened without any additional premium, this policy will be so expanded.

LOSS CONDITIONS & INSURED’S DUTIES

- A. In cases of illness and/or accident giving rise to a claim under this policy, **you** agree to obtain or release all medical records to support claims upon request. Furthermore, **you** authorize **us** to obtain all records to support the claim. Upon request **you** will provide **us** with proof of identity of **your pet** as **we** may require.
- B. A loss is payable within 60 days after **we** receive a fully completed claim form with the attached actual itemized receipts that have been paid in full for **covered services**.
- C. All claims must be submitted to **us** in writing within 90 days of the treatment date or date of the receipt furnished to **you** in connection with such **covered services**.

DECLARATIONS

By accepting this policy, **you** agree that all the statements made by **you** to **us** in the **application** and/or enrollment process, and any related declarations or representations by **you** are true and that **you** have not withheld any information regarding **pre-existing condition(s)** or any other material facts. **You** affirm that the policy and the endorsements comprise the entire agreement between **you** and **us**.