

NEW HAMPSHIRE INSURANCE COMPANY  
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(212) 770-7000  
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.  
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San Antonio, Texas 78258  
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**PurinaCare Pet Health Insurance**

**I. DEFINITIONS**

When used in the policy, **“Policy”** shall mean this PurinaCare Pet Health Insurance Policy.

When used in the policy, **“We”** or **“Us”** or **“Our”** shall mean the insurance company providing this insurance as identified on the Declarations Page.

When used in the policy, **“You”** or **“Your”** shall mean the Policyholder named on the Declarations Page.

When used in the policy, **“Veterinarian”** or **“Licensed Veterinarian”** shall mean a properly licensed veterinarian in the state in which services are rendered.

When used in the policy, **“Veterinary Hospital”** or **“Veterinary Clinic”** shall mean the physical location where pets are treated and treatment records are maintained.

When used in the policy, **“Clinical Setting”** means in a **“Veterinary Hospital”** or **“Veterinary Clinic”** facility under the direct or indirect supervision of a **“Licensed Veterinarian”**.

When used in the policy, **“Pre-existing Condition(s)”** shall refer to the time prior to **“Your”** initial **“Policy”** effective date, and any subsequent time period during which a lapse of coverage occurs, and shall mean any **“Illness”, symptom(s), sign(s), disease(s), health condition(s), injury(s), or “Accident(s)”** that:

- Has occurred; appeared; happened;
- Has shown or is showing clinical signs;
- Is or has been known by **“You”** and/or **“Your”** **“Veterinarian”**

A condition, **“Illness”, injury or disease** may be considered **Pre-existing**:

- Whether or not it was specifically diagnosed by a **“Licensed Veterinarian”**
- Whether or not it was treated by a **“Licensed Veterinarian”**
- Is in remission at the time of application

- **Is seasonal in nature even if in remission at the time of application**
- **Is currently or previously being controlled by medication(s)**
- **A latent infectious or parasitic condition that manifests itself within a known incubation period following the “Policy” effective date rendering clear evidence that the condition had to be contracted prior to the “Policy” effective date.**

When used in the policy, **“Uninsurable Condition”** or **“Non-enrollable Condition”** shall mean a condition that **“Your”** pet has been affected by at any point in its life rendering the pet ineligible for insurance coverage.

When used in the policy **“Accident(s)”** shall mean harm or damage which happens accidentally to **“Your”** pet which results solely, directly and independently of any other causes including any known or any unknown **“Pre-existing Condition(s)”**, physical, congenital, or hereditary condition. For purposes of this **“Policy”**, torn cruciate ligaments and patellar luxations are specifically defined as not resulting from an **“Accident”**.

When used in the policy **“Illness(es)”** shall mean a sickness or disease or any change to **“Your”** pet’s normal health state, which is NOT caused by **“Accident”**.

When used in the policy, **“Preventive Care”** shall mean customary preventative services rendered by a **“Licensed Veterinarian”** in a **“Clinical Setting”** that are considered standard and routine in nature and not related to an **“Accident”** or **“Illness”**; includes vaccinations, routine worming, routine heartworm testing, flea and heartworm preventative medications; routine annual physical exams and lab tests, and routine scaling and polishing of teeth.

When used in the policy, **“Eligible Service(s)”** shall mean services performed by a **“Licensed Veterinarian”** and covered by this **“Policy”** deemed **“Medically Necessary”**, and arising out of an **“Accident”** or **“Illness”**, and not specifically excluded on the Declarations Page or generally excluded under the Exclusion Section of the **“Policy”**.

When used in the policy, **“Usual and Customary”** shall mean fees or costs that would be considered reasonable for like **“Veterinarians”** to charge in the region for which the services were performed as described in veterinary fee references or other similar publications.

When used in the policy, **“Complete Claim(s)”** shall mean that all information necessary to process a claim has been submitted and received by **“Us”** (including paid invoices, completed claims form, and medical records from all **“Veterinarians”** if requested by **“Us”**).

When used in the policy, **“Benefit(s)”** shall mean the dollar amount reimbursed for **“Eligible Services”** covered by the **“Policy”** during the term of the **“Policy”**.

When used in the policy, **“Deductible”** or **“Annual Deductible”** shall mean the cost associated with claims submitted by **“You”** for **“Eligible Services”** which **“You”** are responsible for paying first, up to the **“Annual Deductible”** level **“You”** have chosen on the Declarations Page, before benefits are paid by the **“Policy”**.

When used in the policy, **“Prescription”** shall mean drugs controlled by the Food and Drug Administration (FDA) requiring a **“Licensed Veterinarian’s”** authorization and **“Prescription”** for purchase and use by **“You”** for **“Your”** pet.

When used in the policy **“Training”** is defined as standard or routine behavior modification for obedience and other common purposes.

When used in the policy **“Behavior Therapy”** is defined as behavior modification and any associated prescription medications prescribed and performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”** for medical reasons.

When used in the policy **“Boarding”** is defined as housing **“Your”** pet at any facility for any reason not related to **“Eligible Services”** performed under the direct care of a **“Licensed Veterinarian”**.

When used in the policy **“Hospitalization”** is defined as housing **“Your”** pet in a **“Veterinary Hospital”** or **“Veterinary Clinic”**, as prescribed by a **“Licensed Veterinarian”**, for the purpose of treating **“Your”** pet for an eligible condition immediately prior to, during, or immediately following the treatment of an eligible **“Accident”** or **“Illness”**.

When used in the policy, **“Medically Necessary”** shall mean care as prescribed and performed by a **“Licensed Veterinarian”** for medical reasons for **“Your”** pet.

## II. INSURING CLAUSE

When **“You”** pay **“Your”** premium, **“We”** will provide insurance coverage and **“Benefits”** for **“Eligible Services”** for **“Your”** dog or cat named on the Declarations Page. The **“Benefits”**, exclusions, conditions, and limitations are explained below. **“We”** will pay only those **“Eligible Services”** that are performed during the **“Policy”** term. **“Benefits”** are paid subject to all the **“Policy”** exclusions and conditions.

## III. EFFECTIVE DATE

The Effective Date is listed on the Declarations Page; however no **“Benefits”** will be provided for **“Accident”** if the **“Accident”** occurs before 12:01 AM on the 3rd day following the Effective Date, and no **“Benefits”** will be provided for an **“Illness”** if the **“Illness”** manifests itself before 12:01 AM on the 15th day following the Effective Date.

#### IV. EXCLUSIONS

- **All “Pre-existing Conditions”**
- **Preventive Care Benefits** - the “Policy” “You” have chosen **does not have** Preventive Care Benefits.
- **Breeding, Fertility, and Pregnancy including any related issues and complications**
- **Alternative Care, including but not limited to:** chiropractic care, acupuncture, and muscle manipulation, unless prescribed and performed by a “**Licensed Veterinarian**” in a “**Clinical Setting**”.
- **Cosmetic and Elective Procedures - including but not limited to:** Ear Cropping, Tail Docking, Debarking, Nail trimming, Dewclaw Removal, Declawing of Cats or Dogs, Tattooing, any Cosmetic procedures, Disarming (cutting and capping teeth) Orthodontics or Cosmetic Dentistry.
- **“Training”** – even if prescribed or performed by a “**Licensed Veterinarian**”.
- **All pet foods for any reason**
- **All Nutritional supplements**, vitamins, nutraceuticals, holistic medications, herbs, and natural remedies for any reason even if prescribed by a “**Licensed Veterinarian**”.
- **Grooming, bathing for any reason, and dipping;** however, dipping for the eligible treatment of Scabies and Demodex is covered if performed by a “**Licensed Veterinarian**” in a “**Clinical Setting**”.
- **“Boarding”**
- **Preventable Conditions are excluded unless “You” provide “Preventive Care”** according to “Your” “**Veterinarian’s**” recommendations for vaccinations and other “**Preventative Care**” (included but not limited to: Parvo, Canine and Feline Distemper, Kennel Cough, Heartworms, Feline Leukemia). Failure to follow “Your” “**Veterinarian’s**” documented recommendation(s) may result in denial of a claim.
- **“Accident(s)” or Injuries** intentionally inflicted or intentionally caused by “You”.
- **Dogs and Cats under 8 weeks of age**
- **“Accident(s)”** that occur before 12:01 AM on the 3rd day following the Effective Date
- **“Illness(es)”** that manifest themselves before 12:01 AM on the 15th day following the Effective Date

#### V. INSURED DUTIES

As the policyholder, it is “Your” responsibility to advise “Us” of any injury, condition, “Illness”, or disease that “Your” pet may have experienced at any time during its life for “Us” to determine if a “Pre-existing Condition” is present.

**“You”** agree to submit **“Complete Claims”** within 60 days following the expiration date for the **“Policy”** term under which the **“Eligible Service”** is provided.

**“You”** agree to submit actual itemized receipts with a claim (mailed originals, faxed originals, or scanned and emailed original documents are acceptable).

**“You”** agree to obtain or release all medical records to support a submitted claim upon **“Our”** request.

**“You”** authorize **“Us”** to obtain all medical records to support a submitted claim.

**“You”** agree to submit **“Your”** pet to examination by our selected, qualified **“Veterinarian”**, if requested, at **“Our”** cost.

**“You”** agree to use all reasonable means to protect **“Your”** pet from injury or **“Illness”** while covered by this policy.

If **“You”** have any legal rights against another person in relation to **“Your”** claim, **“We”** may take legal action against them in **“Your”** name at **“Our”** cost. **“You”** must provide all documents that **“We”** request.

It is **“Your”** duty to notify **“Us”** within 30 days if the permanent address of the Insured Pet changes. With a permanent address change, **“Your”** **“Policy”** may be re-rated with a new premium.

## **VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID**

It is **“Our”** goal to process claims as quickly as possible, but **“We”** can only process **“Complete Claims”**.

**“Complete Claims”** may be submitted by mail, fax, or other electronic submission. Once a **“Complete Claim”** is received, **“Benefits”** are determined as follows:

- **“Annual Deductible”** – the **“Annual Deductible”** **“You”** have chosen is listed on the Declarations Page. Claims submitted by **“You”** for **“Eligible Services”** covered by this **“Policy”** will be applied to the Deductible first until the **“Annual Deductible”** is satisfied.
- **Co-Pay** – Once the full **“Annual Deductible”** is satisfied by **“You”**, **“We”** will pay 80% of the **“Usual and Customary”** value of the claims submitted for **“Eligible Services”** up to the limits of the **“Policy”**.

As directed by **“Our”** underwriting guidelines, **“We”** reserve the right to investigate claims filed for **“Eligible Services(s)”** that are questionable in nature. To help identify

claims made for non-disclosed, **“Pre-existing Conditions”**, whether intentional or unintentional, **“We”** may investigate claims based upon any of the following:

- the timing of the claim relative to the **“Policy”** effective date;
- the condition being claimed for relative to the **“Policy”** effective date;
- condition being claimed for, the breed involved and the **“Policy”** effective date.

**All claims filed for the following conditions** during the initial **“Policy”** term will be reviewed, including a request of all medical records, to rule out the possibility that the claim is for a **“Pre-existing Condition”**; Anterior Cruciate Ligament strain, tear or rupture (ACL); Luxating Patellas; all Vector and Parasite transmitted diseases; Feline Leukemia (FELV), Feline Immunodeficiency Virus (FIV), and Feline Infectious Peritonitis (FIP).

Claims under investigation are pended as ineligible for payment until the investigation is complete.

## **VII. CLAIMS REVIEW**

If a claim is denied, **“You”** or the attending **“Veterinarian”** may request a review. The request must be in writing.

The request must be received within 60 days of denial.

**“You”** will receive the results of the review in writing within 60 days of **“Your”** request for a review.

## **VII. BENEFITS AND LIMITS**

Annual Maximum - maximum allowable payment under this **“Policy”** for all combined claims is limited to \$20,000 per year.

**“Accident(s)”**, **“Illness(es)”**, and **“Hospitalization”** must have occurred within the **“Policy”** term for **“Benefits”** to be available. To be eligible for payment, claims must be submitted within 60 days following the expiration date of the **“Policy”** term under which the **“Eligible Service”** is provided.

A pet can have only one issued PurinaCare Pet Health Insurance policy at anytime.

Other Insurance – this **“Policy”** is in excess over any other pet insurance policy.

This **“Policy”** will not provide payment for accidental injury or **“Illness”** caused directly or indirectly by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that 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.

Coverage for the costs of veterinary service and for **“Prescription”** costs is limited to amounts no greater than the amount that is considered **“Usual and Customary”** for such service or cost.

## **IX. POLICY TRANSFER**

A **“Policy”** cannot be transferred between different pets. Each pet must undergo an individual application process and underwriting review.

A **“Policy”** can, however, be transferred between pet owners for the same insured pet, if all premium-owed is current, and the request for transfer is made in writing by both involved parties.

## **X. CHANGING DEDUCTIBLES DURING A POLICY PERIOD**

As long as no claims have been filed during the current **“Policy”** period, **“You”** can increase **“Your”** deductible level during a **“Policy”** period. **“You”** can only decrease **“Your”** deductible level and/or add/drop Preventive Care Benefits at renewal.

## **XI. DECLARATIONS**

By accepting this **“Policy”**, **“You”** agree and acknowledge that all the statements in the application process and those listed on the Declarations Page are true and correct and that no medical condition(s) or material information has been withheld.

## **XII. MONEY BACK GUARANTEE**

As long as no claims have been filed during the **“Policy”** period, **“You”** can cancel the **“Policy”** during the first 14 days of coverage and receive a full refund of premium. If **“You”** cancel your **“Policy”** after the 14th day of coverage, or if **“You”** cancel **“Your”** **“Policy”** after a claim has been filed, the premium will be refunded as described below under the Termination of Insurance Clause.

## **XIII. TERMINATION OF INSURANCE**

**“You”** may cancel your **“Policy”** anytime by giving written notice to **“Us”**. The effective cancellation date is the date that **“We”** receive written notice.

**“We”** may cancel **“Your”** **“Policy”** subject to State regulations, by notifying **“You”** in writing, for **“Your”** failure to pay premium owed by due date, **“Your”** concealment or failure to disclose **“Pre-Existing Conditions”** during enrollment, or **“Our”** subsequent

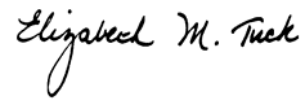
finding that “**Your**” pet has an “**Uninsurable Condition**” or “**Non-enrollable Condition**” that was present at enrollment, “**Your**” misrepresentation or fraud in securing coverage in the application process or in the claims process, or “**Your**” failure to cooperate in “**Our**” attempt to investigate a claim. Unearned premium will be refunded to “**You**” on a pro-rata basis.

By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.



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PRESIDENT



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SECRETARY

Sample