

Filing at a Glance

Company: National Casualty Company
Product Name: Veterinary Pet Insurance
TOI: 09.0 Inland Marine
Sub-TOI: 09.0004 Pet Insurance Plans
Filing Type: Form

SERFF Tr Num: SCTT-125221568 State: Arkansas
SERFF Status: Closed State Tr Num: AR-PC-07-025296
Co Tr Num: VPI03797NCF01 State Status:
Co Status: Reviewer(s): Becky Harrington,
Betty Montesi
Author: Bob Sandblom Disposition Date: 07-09-2007
Date Submitted: 06-29-2007 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

General Information

Project Name: File revised forms
Project Number: VPI03797NCF01
Reference Organization:
Reference Title:
Filing Status Changed: 07-09-2007
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Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

National Casualty Company is submitting revised forms for use with our Veterinary Pet Insurance program. We will implement this filing for new business concurrent with your approval and for renewals 60 days later.

Company and Contact

Filing Contact Information

Bob Sandblom, Filings Analyst II
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Filing Company Information

National Casualty Company
PO Box 4110
Scottsdale, AZ 85261
(800) 423-7675 ext. [Phone]

CoCode: 11991 State of Domicile: Wisconsin
Group Code: 140 Company Type:
Group Name: State ID Number:
FEIN Number: 38-0865250

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Forms - 50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	06-29-2007	14394581

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	07-09-2007	07-09-2007

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	07-06-2007	07-06-2007

Response Letters

Responded By	Created On	Date Submitted
Bob Sandblom	07-06-2007	07-06-2007

Disposition

Disposition Date: 07-09-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Effective upon approval 7/9/07 or after.

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	VS-2	Approved	Yes
Form	Veterinary Pet Insurance Standard Plan Benefit Schedule	Approved	Yes
Form	VPI Superior Plan Coverage Form	Approved	Yes
Form	Amendatory Cancer Rider - Standard Plan	Approved	Yes
Form	Amendatory Cancer Rider - Superior Plan	Approved	Yes
Form	Amendatory Endorsement - Pet Wellcare Protection Core Coverage Rider	Approved	Yes
Form	Amendatory Endorsement - Pet Wellcare Protection Premier Coverage Rider	Approved	Yes
Form	VPI Standard Plan Coverage Form	Approved	Yes
Form	Veterinary Pet Insurance Superior Plan Benefit Schedule	Approved	Yes
Form	Amendatory Endorsement - Arkansas	Approved	Yes

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07-06-2007
Submitted Date 07-06-2007

Dear Bob Sandblom,

This will acknowledge receipt of the captioned filing.

Objection 1

- Veterinary Pet Insurance Standard Plan Benefit Schedule (Form)

Comment: The information required to be on a declaration page is not shown. Is this the actual dec page as indicated under form type? If not, please submit the dec page used with this program.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07-06-2007
Submitted Date 07-06-2007

Dear Becky Harrington,

Comments:

Response 1

Comments: You are correct, the form is not a declarations page. SERFF only gives me the choice of Declarations/Schedules. Please see the attached form VS-2, which is the declarations page used with this policy. VS-2 was approved in Arkansas effective 7-1-2004.

Related Objection 1

Applies to:

- Veterinary Pet Insurance Standard Plan Benefit Schedule (Form)

Comment: The information required to be on a declaration page is not shown. Is this the actual dec page as indicated under form type? If not, please submit the dec page used with this program.

Supporting Document Schedule Item Changes

Satisfied -Name: VS-2

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule Item Changes

Sincerely,
Bob Sandblom

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Veterinary Pet Insurance Standard Plan Benefit Schedule	VS-9	4-07	Declaration Replaced s/Schedule	VS-9 (8-02)	0.00	vs9407.pdf
Approved	VPI Superior Plan Coverage Form	VS-21	4-07	Policy/CoveReplaced rage Form	VS-21 (8-02)	0.00	vs21407.pdf
Approved	Amendatory Cancer Rider - Standard Plan	VS-28	4-07	Endorseme Replaced nt/Amendm ent/Condi tions	VS-28 (8-00)	0.00	vs28407.pdf
Approved	Amendatory Cancer Rider - Superior Plan	VS-30	4-07	Endorseme Replaced nt/Amendm ent/Condi tions	VS-30 (8-00)	0.00	vs30407.pdf
Approved	Amendatory Endorsement - Pet Wellcare Protection Core Coverage Rider	VS-80	4-07	Endorseme Replaced nt/Amendm ent/Condi tions	VS-36 (8-00)	0.00	vs80407.pdf
Approved	Amendatory Endorsement - Pet Wellcare Protection Premier Coverage Rider	VS-79	4-07	Endorseme Replaced nt/Amendm ent/Condi tions	VS-36 (8-00)	0.00	vs79407.pdf
Approved	VPI Standard Plan Coverage Form	VS-G-1	4-07	Policy/CoveReplaced rage Form	VS-G-1 (8-02)	0.00	vsg1407.pdf
Approved	Veterinary Pet Insurance Superior Plan Benefit Schedule	VS-20	4-07	Declaration Replaced s/Schedule	VS-20 (8-02)	0.00	vs20407.pdf
Approved	Amendatory Endorsement - Arkansas	VS-82-AR	4-07	Endorseme New nt/Amendm ent/Condi tions		0.00	vs82ar.pdf



VETERINARY PET INSURANCE STANDARD PLAN BENEFIT SCHEDULE

(Effective 4-07. Subject to change)

Column A is the benefit limit for the **Primary Diagnosis or Condition**. This includes exam, injections, hospitalization, treatment, surgery.

Column B is the benefit limit for the **Primary Diagnostic Testing Maximums** listed for the system the diagnosis is under. Specialized Diagnostic Test allowance as listed at the end of this schedule may also be eligible for coverage.

Column C is the benefit limit for **General Anesthesia** as it relates to the primary diagnosis.

Column D is the benefit allowance limit for **Chemotherapy and Radiation treatment** as it relates to the primary diagnosis.

Column E is the benefit limit for the condition if it is treated as a **Secondary Diagnosis or Condition**, concurrently with the **Primary Diagnosis or Condition**

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
CARDIOVASCULAR SYSTEM (1100)					
1101 Arrhythmia	\$95	\$132	\$—	\$—	\$67
1102 Arterial Thromboembolism	222	132	—	—	155
1103 Cardiomyopathy	130	132	—	—	91
1104 Neoplasia, Heart & Pericardium-Surgical	347	132	75	174/800*	258
1105 Myocarditis-Endocarditis	109	132	—	—	76
1106 Pericardial Effusion	228	132	47	—	160
1107 Congestive Heart Failure	143	132	—	—	100
1108 Valvular Heart Disease	67	132	—	—	47
1109 Neoplasia (Peripheral Vessels)	176	132	45	174/800*	123
1110 Cardiac Arrest	108	132	—	—	76
1111 Cardiovascular Collapse (Shock)	122	132	—	—	86
1114 Pacemaker	840	132	126	—	588
1115 Hypertension	62	132	—	—	43
1121 Syncope	95	132	—	—	67
8110 Secondary Tests (Cardiovascular)**	—	—	—	—	86

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
DIGESTIVE SYSTEM (1200)					
Esophageal Disorders					
1201 Acquired Achalasia	\$237	\$100	\$—	\$—	\$73
1202 Esophagitis	86	100	—	—	60
1203 Foreign Body Endoscopy	109	100	47	—	91
1205 Foreign Body-Surgical	720	100	75	—	504
1207 Neoplasia, Esophagus-Surgical	420	100	75	174/800*	257
1208 Megaesophagus-Medical	365	100	—	—	76
1209 Megaesophagus-Surgical	495	100	70	—	215
Abdominal Wall Disorders					
1211 Peritonitis-Medical	\$139	\$100	\$—	\$—	\$97
1212 Peritonitis-Surgical	530	100	75	—	371
1213 Peritoneal Neoplasia-Surgical	314	100	60	174/800*	167
1214 Trauma-Herniation	229	100	53	—	160
1217 Exploratory-Surgical	—	—	—	—	167

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
Stomach Disorders					
1220 Foreign Body-Medical	\$84	\$100	\$—	\$—	\$59
1221 Foreign Body-Surgical	562	100	72	—	393
1222 Gastritis	73	100	—	—	51
1223 Gastric Dilatation-Medical	194	100	72	—	136
1224 Gastric Torsion-Surgical	970	100	79	—	679
1225 Neoplasia, Stomach-Surgical	479	100	72	174/800*	336
1226 Gastric Ulcer	202	100	—	—	142
1227 Pyloric Stenosis-Surgical	243	100	51	—	113
1228 Pyloric Stenosis-Medical	97	100	—	—	36
1230 Hemorrhagic Gastroenteritis	211	100	—	—	148
1235 P.E.G. Tube	—	—	—	—	85
Small Intestine Disorders					
1240 Endotoxic Shock	\$227	\$100	\$—	\$—	\$159
1241 Enteritis	50	100	—	—	35
1242 Foreign Body-Medical	123	100	—	—	57
1243 Foreign Body-Surgical	611	100	69	—	428
1244 Intussusception-Surgical	540	100	75	—	378
1246 Neoplasia, Small Intestine-Surgical	522	100	66	174/800*	365
1247 Mesenteric Volvulus	540	100	75	—	378
1248 Intestinal Resection	720	100	75	—	504
1249 IBD (Biopsy required)	205	100	57	—	144
4010 Lymphangiectasia, Acquired (Biopsy required)	205	100	57	—	144

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
Large Intestine Disorders					
1250 Colitis	\$59	\$100	\$—	\$—	\$41
1251 Megacolon-Acquired-Medical	105	100	—	—	74
1255 Neoplasia, Large Intestine-Surgical	370	100	75	174/800*	213
1256 Rectal Polyps-Surgical/Endoscopy	100	100	57	—	45
1257 Rectal Prolapse-Medical	137	100	44	—	82
4011 Constipation	59	100	—	—	41
8120 Secondary Tests (Digestive)**	—	—	—	—	65

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
Perineal Disorders					
1262 Perianal Fistula-Medical	\$145	\$85	\$—	\$—	\$101
1263 Perianal Fistula-Surgical	184	85	60	—	118
1264 Perineal Hernia-Surgical	360	85	66	—	252
1265 Perineal Neoplasia	219	85	57	174/800*	153
1266 Perineal Hygroma	65	85	42	—	30
4021 Anal Sac Neoplasia	219	85	57	174/800*	153
8126 Secondary Tests (Perineal)**	—	—	—	—	55

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
Exocrine Pancreatic Disorders					
1270 Pancreatitis	\$233	\$120	\$—	\$—	\$163
1271 Exocrine Pancreatic Insufficiency	100	120	—	—	70
1274 Pancreatic Abscess-Surgical	501	120	60	—	286
8127 Secondary Tests (Exocrine Pancreatic)**	—	—	—	—	78

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
Gall Bladder Disorders					
1280 Choleliths-Surgical	\$600	\$95	\$56	\$—	\$228
1281 Cholangitis	147	95	—	—	103
1282 Ruptured Bile Duct-Surgical	720	95	75	—	228
1283 Neoplasia, Gall Bladder-Surgical	540	95	75	174/800*	288
8128 Secondary Tests (Gall Bladder)**	—	—	—	—	62

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
Hepatic Disorders					
1290 Hepatitis	\$135	\$105	\$—	\$—	\$94
1291 Cirrhosis	167	105	—	—	117
1292 Neoplasia, Hepatic-Surgical	399	105	69	174/800*	279
1293 Hepatic Abscess-Surgical	473	105	69	—	331
1294 Trauma-Surgical	361	105	54	—	304
1297 Hepatic Encephalopathy	—	—	—	—	60
4040 Lipidosis	135	105	—	—	\$94
8129 Secondary Tests (Hepatic)	—	—	—	—	68

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
DERMATOLOGY (1300)					
Wounds					
1301 Foreign Body	\$85	\$65	\$44	\$—	\$59
1302 Laceration or Bite Wound	92	65	44	—	65
1303 Lacerations (Multiple)	165	65	57	—	116
1304 Puncture	58	65	44	—	41
1305 Abrasion	44	65	—	—	31
1306 Abscess or Granuloma	98	65	50	—	68
1307 Burn	70	65	—	—	49
1308 Seroma	64	65	—	—	45
1310 Skin Graft	—	—	—	—	125
1312 Bite Wounds (Multiple)	165	65	57	—	116
8130 Secondary Tests (Wounds)	—	—	—	—	42

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/Radiation)	Column E (Secondary Allowance/ Diagnosis)
Dermatoses					
1320 Acanthosis Nigricans	\$58	\$90	\$—	\$—	\$30
1321 Acne	56	90	—	—	39
1322 Atopic or Allergic Dermatitis	55	90	—	—	38
1323 Dermatomyiasis	60	90	—	—	42
1324 Dermal Cyst	65	90	42	—	46
1325 Endocrine Alopecia	53	90	—	—	37
1326 Pyoderma	65	90	—	—	45
1327 Seborrhea	41	90	—	—	29
1328 Lick Granuloma	68	90	44	—	47
1329 Neoplasia (Benign)	90	90	48	—	63
1331 Immune Mediated Skin Disease	121	90	—	—	85
1332 Eosinophilic Ulcer or Eosinophilic Granuloma	76	90	—	—	53
1333 Allergic Reaction	56	90	—	—	39
1335 Folliculitis	70	90	—	—	49
1336 Mast Cell Tumor	210	90	63	174/800*	147
1337 Lipoma	76	90	51	—	53
1342 Histiocytoma	80	90	48	—	56
1343 Fibrosarcoma	80	90	48	174/800*	56
1344 Hemangiopericytoma	561	90	124	174/800*	393
1345 Feline Fibrosarcoma	270	90	100	174/800*	135
1346 Paronychia	80	90	48	—	56
1350 Cellulitis	56	90	—	—	39
1352 Dermatophytosis	60	90	—	—	42
1353 Miliary Dermatitis	53	90	—	—	37
1354 Hot Spots	65	90	—	—	45

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.
**System Secondary Test Benefits may only be used once for each incident.

Continued from page 1

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Feeding Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy Radiation)	Column E (Secondary Diagnosis Allowance)
1355 Calcinososis	\$70	\$90	\$—	\$—	\$49
1356 Squamous Cell Carcinoma	210	90	63	174/800*	147
1357 Adenoma	76	90	51	—	53
1358 Malignant Melanoma or Melanosarcoma	239	90	63	174/800*	168
1359 Plasmacytoma	239	90	63	174/800*	168
1361 Cutaneous Hemangiosarcoma	337	90	63	174/800*	236
1363 Onychomycosis	80	90	48	—	56
1364 Liposarcoma (Infiltrative)	210	90	63	174/800*	147
8132 Secondary Tests (Dermatoses)**	—	—	—	—	59

RESPIRATORY SYSTEM (1400)

Upper Airway

1401 Foreign Bodies	\$71	\$100	\$48	\$—	\$42
1402 Tonsillitis	65	100	—	—	45
1404 Laryngeal Edema	95	100	—	—	66
1405 Trauma	117	100	42	—	82
1406 Neoplasia, Upper Airway-Surgical	237	100	54	174/800*	107
1407 Tonsillectomy	186	100	51	—	106
1408 Laryngitis	60	100	—	—	42
1409 Laryngeal Paralysis-Medical	122	100	51	—	85
1410 Laryngeal Paralysis-Surgical	720	100	75	—	504

Trachea

1420 Tracheitis	\$48	\$100	\$—	\$—	\$34
1423 Foreign Body-Surgical	95	100	44	—	54
1425 Trauma	105	100	51	—	74
1427 Neoplasia, Tracheal-Medical	157	100	—	174/800*	82
1428 Neoplasia, Tracheal-Surgical	315	100	52	174/800*	204

Thorax

1440 Trauma	\$294	\$100	\$57	\$—	\$206
1441 Pulmonary Edema	145	100	—	—	101
1442 Bronchitis	66	100	—	—	46
1443 Asthma	66	100	—	—	46
1444 Pleural Effusion	247	100	53	—	173
1445 Neoplasia, Thorax-Surgical	636	100	81	174/800*	445
1446 Diaphragmatic Hernia-Surgical	660	100	81	—	234
1447 Pneumonia	255	100	—	—	178
1448 Lung Torsion-Surgical	616	100	60	—	389
1449 Pneumothorax	585	100	78	—	410
1450 Foreign Body-Surgical	395	100	57	—	234
1451 Mediastinal Disease	216	100	—	—	151
1452 Tracheobronchitis	57	100	—	—	40
1453 Neoplasia, Thorax-Medical	175	100	—	174/800*	123
1454 Pyothorax	960	100	72	—	672
1455 Chylothorax	960	100	72	—	672
1458 Chest Tube	—	—	—	—	75
8140 Secondary Tests (Respiratory)**	—	—	—	—	65

REPRODUCTIVE SYSTEM (1500)

Vaginal Disorders

1501 Vaginitis	\$60	\$75	\$—	\$—	\$42
1504 Vaginal Foreign Body-Surgical	79	75	42	—	30
1505 Trauma	116	75	57	—	60
1506 Neoplasia, Vaginal-Surgical	204	75	66	174/800*	93

Uterine Disorders

1510 Metritis-Medical	\$105	\$75	\$—	\$—	\$42
1511 Pyometra-Surgical	336	75	66	—	235
1512 Prolapse-Surgical	158	75	42	—	82
1513 Uterine Neoplasia	126	75	54	174/800*	76
1514 Ovarian Neoplasia	126	75	54	174/800*	76

Mammary Gland Disorders

1520 Mastitis	\$52	\$75	\$—	\$—	\$48
1521 Mastectomy-Partial	183	75	60	174/800*	128
1522 Mastectomy-Radical	300	75	72	174/800*	210
1526 Lumpectomy	105	75	48	—	74

Testicular Disorders

1530 Neoplasia, Testicular-Surgical	\$105	\$75	\$48	174/800*	\$74
1531 Orchitis	105	75	48	—	39
1532 Torsion-Surgical	105	75	48	—	39
1535 Epididymitis	105	75	48	—	39

Disorders of the Penis & Prepuce

1540 Paraphimosis	\$48	\$75	\$—	\$—	\$30
1541 Trauma	58	75	42	—	39
1542 Neoplasia, Penis or Prepuce	112	75	44	174/800*	77
1543 Foreign Body-Surgical	73	75	47	—	42
1544 Balanoposthitis	53	75	—	—	37

Code Diagnosis

Disorders of the Prostate

1550 Neoplasia, Prostrate-Surgical	\$349	\$75	\$63	\$174/800*	\$266
1551 Prostatitis-Medical	109	75	—	—	76
1552 Prostatitis-Surgical-Castration	105	75	48	—	74
8150 Secondary Tests (Reproductive)**	—	—	—	—	49

CHEMICAL AND PHYSICAL DISORDERS (1600)

Poisoning

1601 Metaldehyde	\$214	\$70	\$48	\$—	\$82
1602 Strychnine	164	70	47	—	88
1603 Ethylene Glycol (Antifreeze)	169	70	—	—	153
1604 Organophosphate (Carbamate)	148	70	—	—	60
1605 Rodenticide Toxicity	149	70	—	—	104
1606 Household Chemicals	97	70	—	—	68
1607 Drug Reactions	118	70	—	—	83
1608 Toad Poisoning	123	70	—	—	91
1609 Plant Poisoning	109	70	—	—	76
1610 Walnut Poisoning	139	70	—	—	97
1611 Drug Overdose	178	70	—	—	124
1612 Methylaniline	101	70	44	—	57
1613 Alcohol Toxicity	140	70	—	—	88
1615 Heavy Metals (Lead/Zinc)	164	70	—	—	82
1617 Drug Toxicity	149	70	—	—	104

Physical Disorders

1650 Insect Bites & Stings	\$61	\$70	\$—	\$—	\$43
1651 Snakebite	353	70	54	—	143
1652 Near Drowning	98	70	—	—	45
1653 Heat Stroke (Hyperthermia)	182	70	—	—	60
1654 Hypothermia	72	70	—	—	50
1655 Frostbite	179	70	42	—	60
1656 Electric Shock	79	70	—	—	51
1657 Hypoglycemia	111	70	—	—	78
1658 Antivenom	—	—	—	—	200
1659 Dehydration	—	—	—	—	51
1661 Vaccine Reaction	90	70	—	—	60
8160 Secondary Tests (Chemical & Physical)**	—	—	—	—	46

URINARY SYSTEM (1700)

Kidney

1701 Nephrolithiasis-Medical	\$155	\$90	\$—	\$—	\$93
1703 Nephrotic Syndrome	108	90	—	—	76
1706 Neoplasia, Renal-Surgical Biopsy	274	90	51	174/800*	106
1707 Nephrectomy	720	90	78	—	504
1709 Glomerulonephritis (Biopsy required)	230	90	51	—	161
1715 Kidney Transplant	879	90	68	—	491
1716 Chronic Renal Failure	171	90	—	—	120
1717 Hypertension	62	90	—	—	43
1718 Acute Renal Failure	175	90	—	—	122
1723 Uremia	108	90	—	—	76
1724 Pyelonephritis	171	90	—	—	120

Bladder

1801 Urolithiasis-Surgical	\$401	\$90	\$66	\$—	\$281
1802 Cystitis	58	90	—	—	41
1803 Trauma (Ruptured Bladder)	456	90	66	—	319
1804 Neoplasia, Bladder	357	90	66	174/800*	250
1805 Feline Lower Urinary Tract Disease	94	90	44	—	66
1806 Urinary Incontinence or Atony	49	90	—	—	34
1809 Urolithiasis-Medical	75	90	—	—	52

Urethra

1901 Urethrolithiasis-Surgical	\$352	\$90	\$63	\$—	\$246
1902 Trauma/Urethritis	125	90	—	—	88
1903 Perineal Urethrostomy	660	90	72	—	462
1905 Neoplasia, Urethral	240	90	54	174/800*	202
8170 Secondary Tests (Urinary)**	—	—	—	—	59

INFECTIOUS DISEASES (2000)

2001 Papillomatosis	\$74	\$90	\$—	\$—	\$52
2002 Salmonellosis	56	90	—	—	53
2003 Parvovirus	281	90	—	—	197
2005 Canine Coronavirus	144	90	—	—	81
2006 Feline Upper Respiratory Infection	61	90	—	—	43
2007 FIP	194	90	—	—	94
2008 Hemobartonella (Mycoplasmosis)	109	90	—	—	76
2009 Panleukopenia	229	90	—	—	138
2010 Canine Distemper	182	90	—	—	109
2013 Brucellosis	113	90	—	—	63
2014 Leptospirosis	231	90	—	—	162

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.
 **System Secondary Test Benefits may only be used once for each incident.

Continued from page 2

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
2015 Tetanus	249	90	—	—	143
2016 Botulism	188	90	—	—	127
2017 Valley Fever/Coccidioidomycosis	167	90	—	—	117
2019 Feline Leukemia	212	90	—	—	149
2020 Fever of Unknown Origin	68	90	—	—	47
2021 Rickettsia (Ehrlichia)	76	90	—	—	53
2022 Salmon Disease	76	90	—	—	53
2023 Lyme Disease	52	90	—	—	37
2024 Rocky Mountain Spotted Fever	76	90	—	—	53
2039 Herpes Virus	99	90	—	—	69
2040 Blastomycosis-Systemic Mycosis	167	90	—	—	117
2041 Histoplasmosis-Systemic Mycosis	167	90	—	—	117
2042 Cryptococcosis-Systemic Mycosis	167	90	—	—	117
2043 Bartonella	52	90	—	—	37
2044 Clostridium	56	90	—	—	53
2045 Tuberculosis	113	90	—	—	63
2046 FIV	212	90	—	—	149
2048 Canine Influenza	144	90	—	—	81
8200 Secondary Tests (Infectious Diseases)**	—	—	—	—	59

OPHTHALMOLOGY (2100)

2102 Eyelid Neoplasia-Surgical	\$119	\$60	\$51	\$174/800*	\$84
2105 Plugged Tear Duct	55	60	—	—	38
2106 Corneal Edema	63	60	—	—	44
2107 Conjunctivitis	40	60	—	—	28
2108 Keratitis Sicca-Medical	73	60	—	—	51
2109 Keratitis Sicca-Surgical	288	60	48	—	137
2110 Corneal Ulcer-Medical	70	60	48	—	49
2111 Corneal Ulcer-Surgical	226	60	50	—	158
2112 Descemetocele-Surgical	411	60	63	—	288
2114 Iritis	88	60	—	—	61
2115 Secondary Glaucoma-Medical	115	60	—	—	81
2116 Secondary Glaucoma-Surgical	304	60	60	—	127
2117 Cataracts-Surgical	610	60	72	—	427
2118 Lens Luxation-Surgical	534	60	66	—	341
2119 Retrobulbar Abscess	133	60	54	—	57
2120 Iris Prolapse-Surgical	350	60	54	—	197
2121 Foreign Body	85	60	48	—	59
2122 Meibomian Cyst	80	60	48	—	56
2123 Proptosed Eye	208	60	54	—	121
2126 Enucleation	263	60	60	—	184
2127 Keratectomy	414	60	60	—	179
2129 Neoplasia, Ocular-Surgical	210	60	66	174/800*	156
2131 Blepharitis	66	60	—	—	46
2132 Trauma	76	60	48	—	53
2134 Retinal Detachment-Medical	119	60	—	—	83
2135 Retinal Degeneration	83	60	—	—	58
2136 Cataract-Medical	70	60	—	—	49
2137 Retinal Detachment-Surgical	182	60	45	—	103
2148 Lens Implant	—	—	—	—	85
2156 Uveitis	88	60	—	—	61
2157 Retinitis	88	60	—	—	61
2158 Episcleritis	66	60	—	—	46
8210 Secondary Tests (Ophthalmic)**	—	—	—	—	39

NEUROLOGY (2200)

2202 Coon Dog Paralysis	\$253	\$90	\$—	\$—	\$158
2203 Degenerative Myelopathy	152	90	—	—	107
2204 Encephalitis-Meningitis	284	90	—	—	199
2205 Epilepsy	70	90	—	—	49
2206 Intervertebral Disc Disease-Medical	97	90	—	—	68
2207 Intervertebral Disc Disease-Fenestration	585	90	75	—	410
2208 Intervertebral Disc Disease-Laminectomy	1125	90	90	—	788
2210 Trauma	174	90	54	—	122
2211 Stroke	186	90	—	—	130
2213 Neuritis (Peripheral Nerve)	113	90	—	—	79
2215 Neoplasia, Brain or Spinal Cord-Medical	286	90	—	174/800*	200
2216 Cauda Equina Syndrome-Surgical	893	90	73	—	573
2217 Diskospondylitis	135	90	48	—	94
2218 Cauda Equina Syndrome-Medical	135	90	48	—	94
2220 Fibrocartilagenous Emboli	337	90	54	—	159
2221 Vestibular Syndrome	170	90	—	—	119
2222 Myasthenia Gravis	478	90	—	—	97
2223 Neoplasia, Brain or Spinal Cord-Surgical	779	90	66	174/800*	378
2227 Progressive Ataxia	81	90	—	—	57
2228 Degenerative Encephalopathy	75	90	—	—	52
2235 Craniotomy	—	—	—	—	788
2236 Ambulation Device	—	—	—	—	100
2240 Horner's Syndrome	113	90	—	—	79
8220 Secondary Tests (Neurological)**	—	—	—	—	59

EAR (2300)

2301 Auricular Hematoma	\$161	\$40	\$54	\$—	\$113
2302 Solar Dermatitis	70	40	—	—	42
2303 Trauma	100	40	48	—	70
2304 Neoplasia, Pinna-Surgical	105	40	51	174/800*	74
2305 Otitis Externa	56	40	48	—	39

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
2306 Otitis Media-Medical	112	40	48	—	79
2307 Otitis Media-Surgical	180	40	51	—	126
2308 Foreign Body	69	40	48	—	48
2309 Lateral Ear Resection	374	40	60	—	262
2310 Ablation	634	40	72	—	444
2311 Neoplasia, Ear Canal-Surgical	180	40	54	174/800*	127
2313 Hearing Aid	180	40	51	—	79
2314 Otitis Interna-Medical	112	40	48	—	79
2315 Otitis Interna-Surgical	180	40	51	—	126
8230 Secondary Tests (Ear)**	—	—	—	—	26

NASAL CAVITY (2400)

2401 Rhinitis	\$62	\$60	\$—	\$—	\$43
2402 Sinusitis	62	60	—	—	43
2403 Foreign Bodies	82	60	54	—	39
2404 Trauma	81	60	45	—	57
2406 Neoplasia, Nasal or Sinus-Surgical	289	60	60	174/800*	219
8240 Secondary Tests (Nasal)**	—	—	—	—	39

ORAL CAVITY (2500)

2502 Tooth Abscess	\$65	\$67	\$45	\$—	\$45
2503 Carnassial Abscess/Canine Tooth	106	67	51	—	74
2504 Neoplasia, Oral-Surgical	148	67	54	174/800*	103
2505 Trauma	88	67	48	—	62
2506 Foreign Body	59	67	45	—	41
2507 Tongue Laceration	97	67	45	—	45
2508 Retropharyngeal Foreign Body	94	67	45	—	87
2509 Mandible Luxation	147	67	45	—	76
2510 Ulcerative Stomatitis	67	67	—	—	47
2511 Root Canal	301	67	66	—	211
2512 Oronasal Fistula	158	67	57	—	110
2513 Periodontitis-Medical	55	67	—	—	39
2514 Periodontitis-Surgical	126	67	53	—	88
2520 Feline Odontoclastic Disease	66	67	45	—	56
2521 Benign Oral Neoplasia	112	67	48	—	78
8250 Secondary Tests (Oral)**	—	—	—	—	44

SALIVARY GLAND (2600)

2601 Sialocele-Medical	\$68	\$65	\$—	\$—	\$30
2602 Sialocele-Surgical	258	65	57	—	167
2604 Neoplasia, Salivary Gland-Surgical	368	65	51	174/800*	167
2605 Abscess	148	65	57	—	54
8260 Secondary Tests (Salivary)**	—	—	—	—	43

MUSCULOSKELETAL (2700)

2701 Cruciate Rupture-Medical (see policy)	\$66	\$90	\$45	\$—	\$46
2702 Cruciate Rupture-Surgical (see policy)	724	90	75	—	507
2704 Luxation-Elbow Closed Reduction	187	90	45	—	131
2705 Luxation-Elbow-Surgical	357	90	42	—	210
2706 Luxation-Hip Closed Reduction	151	90	51	—	106
2708 Luxation-Hip-Surgical	540	90	66	—	179
2710 Myositis	95	90	—	—	67
2711 Osteoarthritis	79	90	—	—	55
2715 Osteomyelitis-Medical	150	90	—	—	105
2716 Osteomyelitis-Surgical	343	90	60	—	143
2717 Spondylolysis	83	90	—	—	58
2720 Tendon Rupture (Cast)	174	90	60	—	122
2721 Tendon Rupture-Surgical	509	90	66	—	357
2722 Osteogenic Sarcoma-Medical	214	90	—	174/800*	150
2723 Osteogenic Sarcoma-Surgical	571	90	72	174/800*	225
2724 Sprain	46	90	—	—	32
2725 Bone Cyst-Medical	104	90	—	—	60
2726 Foreign Body, Foot	86	90	45	—	60
2727 Panosteitis	55	90	—	—	39
2728 Neoplasia, Muscle-Surgical	308	90	66	174/800*	112
2729 Soft Tissue Trauma	57	90	45	—	40
2731 Dewclaw Amputation (Non-Elective)	95	90	48	—	66
2732 Tail Amputation	182	90	45	—	128
2733 Toe Amputation	228	90	54	—	160
2734 Torn Nail	67	90	45	—	47
2735 Hygroma-Medical	74	90	—	—	52
2736 Hygroma-Surgical	254	90	54	—	178
2737 Fore Leg Amputation	486	90	72	—	340
2738 Rear Leg Amputation	660	90	72	—	462
2739 Synovitis	93	90	—	—	65
2740 Shoulder Luxation-Surgical	240	90	57	—	202
2741 Neoplasia Jaw (Mandibulectomy)	528	90	72	174/800*	285
2742 Bone Fragment Joint-Surgical	247	90	60	—	173
2777 Hypertrophic Osteodystrophy	55	90	—	—	39
8270 Secondary Tests (Musculoskeletal)**	—	—	—	—	59

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.
 **System Secondary Test Benefits may only be used once for each incident.

Continued from page 3

Code Diagnosis

FRACTURES (2800)

Skull, Jaw, Scapula, Rib, Patella
Non-Surgical

	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Feeding Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
2801 Cage Rest	\$213	\$90	\$—	\$—	\$—
2802 Bandage	126	90	—	—	88
2803 Sling	173	90	—	—	57

Surgical

2811 Wire	\$292	\$90	\$54	—	\$205
2812 Pin(s) or K Wire	368	90	57	—	228
2813 Plate	464	90	66	—	325
2814 Kirshner Apparatus	414	90	54	—	243

Humerus, Femur, Radius, Ulna, Tibia

Non-Surgical

2820 Bandage (Rbt Jones/Temporary)	\$89	\$90	\$45	\$—	\$63
2821 Splint	147	90	45	—	103
2822 Cast	151	90	48	—	105

Surgical

2830 IM Pin(s)	\$478	\$90	\$66	\$—	\$335
2831 Plate	855	90	78	—	598
2832 Kirshner Apparatus	795	90	78	—	316
2833 Radius Curvus-Surgical	663	90	66	—	249
2834 Bone Graft or TPLO Plate	—	90	—	—	121

Pelvis & Vertebrae

Non-Surgical

2840 Cage Rest	\$167	\$90	\$—	\$—	\$—
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Surgical

2850 IM Pins/Wires/Screws	\$420	\$90	\$60	\$—	\$294
2851 Plate	1080	90	78	—	408
2852 Kirshner Apparatus	714	90	57	—	408

Carpus, Metacarpus, Tarsus, Metatarsus, Phalanges

Non-Surgical

2860 Bandage	\$70	\$90	\$—	\$—	\$49
2861 Cast or Splint	125	90	45	—	51

Surgical

2870 Pins/Wires/Screws	\$574	\$90	\$66	\$—	\$402
2871 Plate Arthrodesis	684	90	79	—	356
8280 Secondary Tests (Fractures)**	—	—	—	—	59

ENDOCRINOLOGY (2900)

Adrenal

2902 Addison's Disease	\$193	\$120	\$—	\$—	\$135
2903 Neoplasia, Adrenal-Surgical	448	120	66	174/800*	313

Thyroid

2920 Hypothyroidism	\$43	\$120	\$—	\$—	\$30
2921 Hyperthyroidism	77	120	—	—	54
2922 Neoplasia, Thyroid-Surgical	265	120	54	174/800*	182
2923 Hyperthyroidism (I-131)	528	120	60	—	234

Parathyroid

2940 Hyperparathyroidism	\$180	\$120	\$—	\$—	\$121
2942 Hypoparathyroidism	116	120	—	—	81
2943 Neoplasia, Parathyroid-Surgical	614	120	98	174/800*	315

Pancreas (Endocrine)

2950 Diabetes Mellitus	\$180	\$120	\$—	\$—	\$126
2951 Islet Cell Tumor-Surgical	478	120	60	174/800*	335

Pituitary

2960 Diabetes Insipidus	\$118	\$120	\$—	\$—	\$66
2961 Cushing's Disease	116	120	—	—	81
8290 Secondary Tests (Endocrine)**	—	—	—	—	78

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$174 per treatment up to a maximum of \$800. Proof of malignancy required.
**System Secondary Test Benefits may only be used once for each incident.

Code Diagnosis

BLOOD DISORDERS (3000)

Blood Cell Disorders

3001 Immune Mediated Hemolytic Anemia	\$415	\$110	\$—	\$—	\$213
3003 Heinz-Body Anemia	121	110	—	—	97
3004 Anemia of Chronic Disease	83	110	—	—	58
3005 Aplastic-Hypoplastic Anemia	220	110	44	—	194
3006 Drug Induced Anemia	103	110	—	—	51
3007 Myeloproliferative Disorders	265	110	44	—	186
3008 Lymphocytic Leukemia	231	110	44	174/800*	137
3009 Septicemia	217	110	—	—	152
3010 Immune Mediated Neutropenia	245	110	42	—	115
3011 Transfusion	—	—	—	—	106
3014 Multiple Myeloma	227	110	44	174/800*	169

Bleeding Disorders

3032 Thrombocytopenia/Platelet Disorder	\$195	\$110	\$—	\$—	\$136
3033 Drug Induced Disorders	231	110	—	—	133
3034 DIC (Dissem IntraVascular Coag)	145	110	42	—	102
8300 Secondary Tests (Blood)**	—	—	—	—	72

LYMPHATIC DISORDERS (3100)

3101 Lymphadenitis	\$95	\$85	\$—	\$—	\$67
3102 Lymphnode Hyperplasia	113	85	—	—	79
3103 Lymphosarcoma	317	85	60	174/800*	222
3104 Thymoma-Surgical	840	85	44	174/800*	184
8310 Secondary Tests (Lymphatic)**	—	—	—	—	55

SPLEEN DISORDERS (3200)

3201 Splenic Rupture-Surgical	\$484	\$85	\$72	\$—	\$290
3202 Splenic Torsion-Surgical	484	85	57	—	339
3203 Splenectomy	534	85	60	—	374
3204 Splenomegaly-Medical	92	85	—	—	65
3205 Neoplasia, Spleen-Surgical	481	85	60	174/800*	336
8320 Secondary Tests (Spleen)**	—	—	—	—	55

IMMUNOLOGY (3300)

3302 Systemic Lupus Erythematosus	\$100	\$90	\$47	\$—	\$97
3303 Rheumatoid Arthritis	144	90	—	—	85
3304 Polyarthrits	158	90	—	—	111
8330 Secondary Tests (Immune)**	—	—	—	—	59

SPECIAL PROCEDURES

1000 Euthanasia	\$—	\$—	\$—	\$—	\$44
7000 Secondary Anesthesia Benefit***	—	—	—	—	60

***Secondary anesthesia benefits may be used for Specialized Diagnostic Tests when applicable

SPECIALIZED DIAGNOSTIC TESTS****

Allergin Test	\$75
Contrast Radiographs	75
CT Scan	400
Endoscopy	85
MRI Scan	500
Myelogram	75
Nuclear Imaging/Thyroid Scan	175
Spinal Tap/Culture & Analysis	50
Ultrasound/Echocardiogram	85

****These allowances are in addition to the maximum Diagnostic Allowances as listed for each diagnosis.
Maximum benefit for Specialized Diagnostic Tests is \$600 per incident.

NATIONAL CASUALTY COMPANY

Home Office: Madison, WI 53703-2783

A Stock Insurance Company

Administrative Office: 8877 N. Gainey Center Dr., Scottsdale, AZ 85258 • 1-800-423-7675

DIRECT ALL INQUIRIES AND CLAIMS TO:

DVM Insurance Agency: 3060 Saturn Street • Brea, CA 92821-6200 • 1-800-540-2016 • 714-989-0555

VPI® SUPERIOR PLAN–COVERAGE FORM

1. INSURING CLAUSE

In return for **your** payment of premium when due and **your** compliance with the provisions of this policy, **we** will pay **your** incurred policy benefits as listed under "Benefit Provisions." **We** will pay only those **veterinary services** expenses **you** incur during the policy term. Benefit payments are subject to all exclusions, limitations, and **conditions** of this insurance policy.

2. DEFINITIONS: We define words or phrases in your policy. **We** identify these terms with **bold typeface**.

Congenital disorder	Means an abnormality present at birth, whether apparent or not, that can cause illness or disease. See Section 8 for examples.
Condition	Means an illness, injury, or disease. All manifestations of clinical signs or symptoms of an illness, injury, or disease, regardless of the number of affected areas of your pet's body, constitute one condition .
Curable	Means capable of being cured .
Cured	Means resolution of a condition so that ongoing or intermittent treatment is not required and recurrences or complications are not expected.
Hereditary disorder	Means an abnormality transmitted by gene(s) from parent to offspring, whether apparent or not, that can cause illness or disease.
Incident	Means any condition that causes you to consult a veterinarian . Chronic or ongoing conditions , e.g. allergic dermatitis, will be considered one incident no matter how many times you consult a veterinarian .
Pet	Means the animal identified on the Declarations Page or Renewal Certificate of your policy.
Plan E	Means the Veterinary Pet Insurance Superior Plan.
Pre-existing condition	Means any condition that began or was contracted, manifested, or incurred before the effective date of this policy, whether or not the condition was discovered, diagnosed, or treated.
Specialist	Means a diplomate of a specialty board recognized by the American Veterinary Medical Association.
Veterinarian	Means a legally licensed veterinary practitioner.
Veterinary services	Means medical treatment provided by or under the direct supervision of a veterinarian .
Void	Means declaring during the policy term that your policy is not in force and has no effect.
We or us	Means the company providing this insurance.
You or your	Means the policyholder listed on the Declarations Page or Renewal Certificate of this insurance policy.

3. POLICY EFFECTIVE DATE

Your policy will be in effect at the time and date shown on **your** Declarations Page or Renewal Certificate. For **Plan E**, the effective date will be not less than fourteen (14) calendar days after **we** accept and approve the application and the premium is paid to **us**.

4. BENEFIT PROVISIONS–PLAN E

- A. **We** will pay reasonable and necessary **veterinary services** expenses for **your pet's condition** that occurs and is treated during the policy term. To be eligible for payment, **your pet's condition** must come within a primary diagnostic code listed on the Superior Plan Benefit Schedule. Each **condition** is eligible for payment under only one primary diagnostic code and any applicable secondary diagnostic code, per **incident**.
- B. The amount **we** will pay for any **condition** covered by this policy is determined by: (1) **your veterinary services** expenses, (2) the Benefit Schedule, and (3) **your** deductible. **We** will pay 90% of covered **veterinary services** expenses up to a maximum of 90% of the Benefit Schedule diagnostic code that applies to **your pet's condition**, less **your** deductible.
- C. Payments under this insurance policy are limited to a maximum of \$4,500 per **incident** and a maximum of \$14,000 for each policy term.

- D. If **your pet** has a **condition** requiring **your** primary **veterinarian** to refer **your pet** to another **veterinarian** who is a **specialist**, **you** will receive a second Benefit Schedule allowance for **your pet's** treatment by the **specialist**. This additional allowance applies once per **incident** and does not increase **your** policy's maximum benefit per **incident** or the maximum benefit for each policy term.

5. DEDUCTIBLE

We specify **your** deductible on the Declarations Page or Renewal Certificate of **your** policy. **Your** deductible will apply once to each **incident** during the policy term.

6. CO-PAYMENT

We specify **your** co-payment on the Declarations Page or Renewal Certificate of **your** policy. **We** will apply a co-payment to each claim.

7. ASSIGNMENT OR TRANSFER OF POLICY

You may not assign this policy in whole or in part to any other person or for any other **pet**.

8. WHAT WE DO NOT COVER: EXCLUSIONS

This policy will not pay for:

- A. **Pre-existing conditions.** A **condition** is not **pre-existing** if it was **cured** before the effective date of this insurance policy and there has not been a recurrence or manifestation of the **condition** for at least six (6) months.
- B. The **conditions** listed on the Declarations Page or Renewal Certificate of **your** policy.
- C. The diagnosis, medical management or surgical correction of anterior cruciate ligament (ACL) damage or rupture to **your pet** that occurs during the first 12 calendar months this policy is in effect.
- D. The following musculoskeletal disorders: (1) hip dysplasia, (2) elbow dysplasia, (3) osteochondritis dissecans, (4) aseptic necrosis of the femoral head, (5) cervical vertebral instability, and (6) patellar luxation.
- E. The following urinary tract disorders: (1) renal dysplasia, and (2) cystine urolithiasis.
- F. The following ocular disorders: (1) prolapsed gland of the 3rd eyelid, (2) everted, scrolled or inverted cartilage of the 3rd eyelid, (3) distichiasis, (4) ectopic cilia, (5) ectropion, (6) entropion, (7) primary glaucoma, (8) retinal dysplasia, (9) progressive retinal atrophy, (10) corneal dystrophy, including indolent ulcers in pets 6 years of age and older, and (11) cataracts of dogs 6 years of age and younger unless secondary to documented injury or diabetes mellitus.
- G. The following endocrine disorder: (1) sex hormone dermatosis and (2) growth hormone dermatosis.
- H. The following respiratory disorder: (1) Collapsed trachea.
- I. The following multi-systemic disorder: (1) histiocytosis (cutaneous, systemic or malignant).
- J. Diagnosis or treatment of any **congenital disorder** or any condition resulting from the **congenital disorder**. Examples of **congenital conditions** are blood clotting deficiencies, portosystemic shunts, urinary track calculi secondary to metabolic defects, and **congenital** anatomical defects. This is not a complete list.
- K. Diagnosis or treatment of any **hereditary disorder** or any **condition** resulting from the **hereditary disorder**. **You** may obtain a list of **conditions we** regard as breed-specific **hereditary disorders** through our Web site, www.petinsurance.com or call **us** at 800-USA-PETS.
- L. Elective procedures or cosmetic surgeries including, but not limited to, tail docking, dewclaws, skin folds and nail trims.
- M. Expression of anal glands or anal sacculitis and removal of anal glands.
- N. Breeding, artificial insemination, or **conditions** related to pregnancy, including caesarean section, dystocia, or termination of pregnancy.
- O. Special diets, pet foods, vitamins, minerals and nutritional supplements, boarding or transport expenses, grooming costs and bathing—including medicated baths.
- P. Any disease preventable by vaccination. **We** will pay policy benefits if: (1) **your pet** was fully vaccinated for the disease and contracted the disease despite the prior vaccination, or (2) **your pet** was not vaccinated for the disease based on the protocol of **your pet's veterinarian**.
- Q. Diagnosis, treatment, training, or therapy for behavioral problems.
- R. Diagnosis of, or treatment for, internal or external parasites including, but not limited to, fleas, heartworms, and roundworms. **We** will not pay for preventive treatment or preventive diagnostics associated with internal or external parasites.
- S. Orthodontics, endodontics, or removal of deciduous teeth.
- T. Diagnostic test(s) or treatment(s) for **conditions** excluded or limited by this policy or tests or treatments for complications of **conditions** excluded or limited by this policy.
- U. Preventive treatment or diagnostics associated with preventive treatment.
- V. Routine examinations, vaccines, teeth cleaning or polishing.
- W. Spaying and neutering.

- X. Any injury to the insured **pet** caused intentionally by **you** or anyone who lives in **your** household.
- Y. Any **condition** caused directly or indirectly by war, terrorism, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

9. OTHER INSURANCE

This insurance is excess over any other insurance whether collectable or not, that covers **your pet**.

10. TERMINATION OF INSURANCE

- A. The policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by mailing written notice to **you** at the address shown on the Declarations Page or Renewal Certificate of **your** policy ten (10) days before **we** cancel **your** policy.
- C. **You** may cancel **your** policy at any time by notifying **us** in writing.
- D. **We** will refund unearned premiums on a prorated basis if either **you** or **we** cancel **your** policy.

11. LIBERALIZATION

If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

12. REVIEW

You may request a review: (1) if **we** deny **your** claim in whole or in part, or (2) to ask that **we** remove an excluded **condition** listed on the Declarations Page or Renewal Certificate of **your** policy. **Your** request must be in writing. **You** must provide **us** with all medical records and any other supporting documentation upon our reasonable request. **We** will not review requests to remove any excluded **condition** unless the **condition** has been **cured** for at least six (6) months before the date of **your** request. All review decisions are final.

13. INSURED'S DUTIES

- A. **You** must submit all itemized receipts of treatment from a **veterinarian** with **your** fully completed and legible claim form. In all cancer treatment claims, you may be required to submit documentation of a test or tests showing that **your pet** was treated for a malignant **condition**.
- B. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon our request.
- C. **You** must reasonably protect **your pet** from aggravation of any **condition**.
- D. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.
- E. **You** agree to provide **us** with all veterinary records when **we** request them.

14. DECLARATIONS

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet's** medical **condition**. **You** affirm that the policy and the Riders are the entire and only agreements between **you** and **us**.

15. FRAUD AND CONCEALMENT

We will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and **void your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

16. INSTALLMENT PAYMENT SERVICE CHARGE

If **you** elect to pay **your** premium in installments, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	(12:01 A.M. STANDARD TIME) RIDER EFFECTIVE DATE	NAMED INSURED	AGENT NO.

THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY CANCER RIDER

The following amendment applies to Cancer coverage only:

SUBSECTION "C" UNDER SECTION 4 "BENEFIT PROVISIONS - PLAN C" in form VS-G-1 is deleted and replaced with the following:

The payments are limited to a maximum of <CANCERCLAIMLIMIT> per accident or illness and a maximum of <CANCERTERMLIMIT> for each policy term.

It is agreed that the benefit limits for the cancer coverages listed on the reverse side of this form are amended to twice the amount shown on the VETERINARY PET INSURANCE STANDARD PLAN VETERINARY SERVICES BENEFIT SCHEDULE VS-9.

If **you** cancel this Rider, **we** will not re-issue this Rider during **your** pets lifetime. If **we** cancel this Rider, upon **your** request **we** may elect to re-issue it.

This Rider applies to the following described Dog/Cat

Name:

Breed:

Sex:

Species:

Date of Birth:

Age:

Color:

 AUTHORIZED REPRESENTATIVE DATE

CANCER DIAGNOSIS COVERED UNDER THE
VETERINARY PET INSURANCE CANCER RIDER

CODE DIAGNOSIS CODE DIAGNOSIS

1104	Neoplasia Heart & Pericardium Surgical	1530	Neoplasia, Testicular - Surgical
1109	Neoplasia (Peripheral Vessels)	1542	Neoplasia, Penis or Prepuce
1207	Neoplasia, Esophagus - Surgical	1550	Neoplasia, Prostate - Surgical
1213	Peritoneal Neoplasia - Surgical	1706	Neoplasia, Renal -Surgical Biopsy
1225	Neoplasia, Stomach - Surgical	1804	Neoplasia, Bladder
1246	Neoplasia, Small Intestine - Surgical	1905	Neoplasia, Urethral
1255	Neoplasia, Large Intestine - Surgical	2102	Eyelid Neoplasia Surgical
1265	Perineal Neoplasia	2129	Neoplasia, Ocular - Surgical
1283	Neoplasia, Gall Bladder - Surgical	2215	Neoplasia, Brain or Spinal cord - Medical
1292	Neoplasia, Hepatic- Surgical	2223	Neoplasia, Brain or Spinal cord - Surgical
1336	Mast Cell Tumor	2304	Neoplasia, Pinna - Surgical
1343	Fibrosarcoma	2311	Neoplasia, Ear Canal - Surgical
1344	Hemangiopericytoma	2406	Neoplasia, Nasal or Sinus - Surgical
1345	Feline Fibrosarcoma	2504	Neoplasia, Oral - Surgical
1356	Squamous Cell Carcinoma	2604	Neoplasia, Salivary Gland - Surgical
1358	Malignant Melanoma or Melanosarcoma	2722	Osteogenic Sarcoma - Medical
1359	Plasmacytoma	2723	Osteogenic Sarcoma - Surgical
1361	Cutaneous Hemagiosarcoma	2728	Neoplasia, Muscle - Surgical
1364	Liposarcoma (Infiltrative)	2741	Neoplasia Jaw - Surgical
1406	Neoplasia, Upper Airway - Surgical	2903	Neoplasia, Adrenal - Surgical
1427	Neoplasia, Tracheal-Medical	2922	Neoplasia, Thyroid - Surgical
1428	Neoplasia, Tracheal-Surgical	2943	Neoplasia, Parathyroid - Surgical
1445	Neoplasia, Thorax - Surgical	2951	Islet Cell Tumor - Surgical
1453	Neoplasia, Thorax - Medical	3008	Leukemia
1506	Neoplasia, Vaginal - Surgical	3014	Multiple Myeloma
1513	Uterine Neoplasia	3103	Lymphosarcoma
1514	Ovarian Neoplasia	3104	Thymoma Surgical
1521	Mastectomy- Partial	3205	Neoplasia, Spleen - Surgical
1522	Mastectomy- Radical	4021	Anal Sac Neoplasia

Neoplasia/Neoplasm: 1) A tumor. 2) Any new and abnormal growth, specifically one in which cell multiplication is uncontrolled and progressive. Neoplasms may be benign or malignant.

Malignant Neoplasia/Neoplasm: A neoplasm with characteristics of anaplasia, invasiveness, meta-stasis and capable of causing great harm to the patient.

Cancer: A malignant growth anywhere in the body; malignant tumor; a growth or tumor that is invasive and will metastasize.

Malignancy: Tending to become progressively worse; very dangerous or virulent; not benign.

Standard provisions of **your** base policy still apply and are extended to the Cancer Rider.

Increased benefits do not apply to any cancer manifested prior to the Rider effective date.

Cancer Rider Benefits shall only apply when the base policy is in force and may not extend past the term of the base policy at the time the Cancer Rider premium is applied. Upon renewal eligibility of **your** base policy, the Cancer Rider will also be eligible for renewal. A change in base policy selection may affect Cancer Rider rates and benefits.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	(12:01 A.M. STANDARD TIME) RIDER EFFECTIVE DATE	NAMED INSURED	AGENT NO.

THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY CANCER RIDER

The following amendment applies to Cancer coverage only:

SUBSECTION "C" UNDER SECTION 4 "BENEFIT PROVISIONS - PLAN E" in form VS-21 is deleted and replaced with the following:

The payments are limited to a maximum of <CANCERCLAIMLIMIT> per accident or illness and a maximum of <CANCERTERMLIMIT> for each policy term.

It is agreed that the benefit limits for the cancer coverages listed on the reverse side of this form are amended to twice the amount shown on the VETERINARY PET INSURANCE SUPERIOR PLAN VETERINARY SERVICES BENEFIT SCHEDULE VS-20.

If **you** cancel this Rider, **we** will not re-issue this Rider during **your** pets lifetime. If **we** cancel this Rider, upon **your** request **we** may elect to re-issue it.

This Rider applies to the following described Dog/Cat

Name:

Breed:

Sex:

Species:

Date of Birth:

Age:

Color:

Premium:

 AUTHORIZED REPRESENTATIVE DATE

CANCER DIAGNOSIS COVERED UNDER THE
VETERINARY PET INSURANCE CANCER RIDER

CODE DIAGNOSIS CODE DIAGNOSIS

1104	Neoplasia Heart & Pericardium Surgical	1530	Neoplasia, Testicular - Surgical
1109	Neoplasia (Peripheral Vessels)	1542	Neoplasia, Penis or Prepuce
1207	Neoplasia, Esophagus - Surgical	1550	Neoplasia, Prostate - Surgical
1213	Peritoneal Neoplasia - Surgical	1706	Neoplasia, Renal -Surgical Biopsy
1225	Neoplasia, Stomach - Surgical	1804	Neoplasia, Bladder
1246	Neoplasia, Small Intestine - Surgical	1905	Neoplasia, Urethral
1255	Neoplasia, Large Intestine - Surgical	2102	Eyelid Neoplasia Surgical
1265	Perineal Neoplasia	2129	Neoplasia, Ocular - Surgical
1283	Neoplasia, Gall Bladder - Surgical	2215	Neoplasia, Brain or Spinal cord - Medical
1292	Neoplasia, Hepatic- Surgical	2223	Neoplasia, Brain or Spinal cord - Surgical
1336	Mast Cell Tumor	2304	Neoplasia, Pinna - Surgical
1343	Fibrosarcoma	2311	Neoplasia, Ear Canal - Surgical
1344	Hemangiopericytoma	2406	Neoplasia, Nasal or Sinus - Surgical
1345	Feline Fibrosarcoma	2504	Neoplasia, Oral - Surgical
1356	Squamous Cell Carcinoma	2604	Neoplasia, Salivary Gland - Surgical
1358	Malignant Melanoma or Melanosarcoma	2722	Osteogenic Sarcoma - Medical
1359	Plasmacytoma	2723	Osteogenic Sarcoma - Surgical
1361	Cutaneous Hemagiosarcoma	2728	Neoplasia, Muscle - Surgical
1364	Liposarcoma (Infiltrative)	2741	Neoplasia Jaw - Surgical
1406	Neoplasia, Upper Airway - Surgical	2903	Neoplasia, Adrenal - Surgical
1427	Neoplasia, Tracheal-Medical	2922	Neoplasia, Thyroid - Surgical
1428	Neoplasia, Tracheal-Surgical	2943	Neoplasia, Parathyroid - Surgical
1445	Neoplasia, Thorax - Surgical	2951	Islet Cell Tumor - Surgical
1453	Neoplasia, Thorax - Medical	3008	Leukemia
1506	Neoplasia, Vaginal - Surgical	3014	Multiple Myeloma
1513	Uterine Neoplasia	3103	Lymphosarcoma
1514	Ovarian Neoplasia	3104	Thymoma Surgical
1521	Mastectomy- Partial	3205	Neoplasia, Spleen - Surgical
1522	Mastectomy- Radical	4021	Anal Sac Neoplasia

Neoplasia/Neoplasm: 1) A tumor. 2) Any new and abnormal growth, specifically one in which cell multiplication is uncontrolled and progressive. Neoplasms may be benign or malignant.

Malignant Neoplasia/Neoplasm: A neoplasm with characteristics of anaplasia, invasiveness, meta-stasis and capable of causing great harm to the patient.

Cancer: A malignant growth anywhere in the body; malignant tumor; a growth or tumor that is invasive and will metastasize.

Malignancy: Tending to become progressively worse; very dangerous or virulent; not benign.

Standard provisions of **your** base policy still apply and are extended to the Cancer Rider.

Increased benefits do not apply to any cancer manifested prior to the Rider effective date.

Cancer Rider Benefits shall only apply when the base policy is in force and may not extend past the term of the base policy at the time the Cancer Rider premium is applied. Upon renewal eligibility of **your** base policy, the Cancer Rider will also be eligible for renewal. A change in base policy selection may affect Cancer Rider rates and benefits.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	(12:01 A.M. STANDARD TIME) RIDER EFFECTIVE DATE	NAMED INSURED	AGENT NO.

THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**AMENDATORY ENDORSEMENT
PET WELLCARE PROTECTION CORE COVERAGE RIDER**

The WHAT WE DO NOT COVER - EXCLUSIONS section is amended by adding the following to paragraphs: R (Diagnosis of, or treatment for, internal or external parasites including, but not limited to, fleas, heartworms, and roundworms. We will not pay for preventive treatment or preventive diagnostics associated with internal or external parasites), U (Preventive treatment or diagnostics associated with preventive treatment) and V (Routine examinations, vaccines, teeth cleaning or polishing).

We will pay the benefit allowances contained in the Pet WellCare Protection Core Coverage Rider.

It is agreed that Core WellCare Coverage is added to this policy with the benefit limits shown on the reverse side of this Rider.

If **you** cancel this Rider, **we** will not re-issue this Rider during **your** pets lifetime. ^{If we cancel} this Rider, upon **your** request **we** may elect to re-issue it.

This Rider applies to the dog or cat identified below:

Name:	Breed:
Sex:	Species:
Date of Birth:	Color:
Age:	

Premium:

AUTHORIZED REPRESENTATIVE

**PET WELLCARE PROTECTION CORE COVERAGE
BENEFIT ALLOWANCES**

Applicable benefits are based on the species of the insured pet as listed on the reverse side.

CANINE BENEFITS	Annual Benefit Allowance	FELINE BENEFITS	Annual Benefit Allowance
Physical Examination Two visits per year (\$20 per visit)	\$40.00	Physical Examination Two visits per year (\$20 per visit)	\$40.00
Canine Vaccination / Titer	\$30.00	Feline Vaccination / Titer	\$30.00
Heartworm Test	\$25.00	Felv/FIV Test Choice of ONE of the following: Heartworm Test	\$25.00
Fecal Test	\$15.00	Fecal Test	\$15.00
Deworming	\$20.00	Deworming	\$20.00
Microchip Pet Identification	\$20.00	Microchip Pet Identification	\$20.00
Flea Control/Heartworm Prevention	\$50.00	Flea Control/Heartworm Prevention	\$50.00
Choice of ONE of the following: Health Screen (Blood Test) Radiograph (X-Rays) EKG	\$50.00	Choice of ONE of the following: Health Screen (Blood Test) Radiograph (X-Rays) EKG	\$50.00

No deductible or percentage co-pay shall apply to the benefits listed under the Pet WellCare Protection Core Coverage Rider. The benefit payment shall not exceed the fee charged or benefit allowance.

Pet WellCare Protection Core Coverage Rider benefits do not apply to any vaccination or procedure that was administered prior to the Rider effective date. Pet WellCare Protection Core Coverage Rider benefits shall only apply when the base policy is in force and may not extend past the term of the base policy at the time the Pet WellCare Protection Core Coverage Rider is activated. Upon renewal eligibility of your base policy, the Pet WellCare Protection Core Coverage Rider will also be eligible for renewal.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	(12:01 A.M. STANDARD TIME) RIDER EFFECTIVE DATE	NAMED INSURED	AGENT NO.

THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**AMENDATORY ENDORSEMENT
PET WELLCARE PROTECTION PREMIER COVERAGE RIDER**

The WHAT WE DO NOT COVER - EXCLUSIONS section is amended by adding the following to paragraphs: R (Diagnosis of, or treatment for, internal or external parasites including, but not limited to, fleas, heartworms, and roundworms. We will not pay for preventive treatment or preventive diagnostics associated with internal or external parasites), U (Preventive treatment or diagnostics associated with preventive treatment), V (Routine examinations, vaccines, teeth cleaning or polishing) and W (Spaying and neutering).

We will pay the benefit allowances contained in the Pet WellCare Protection Premier Coverage Rider.

It is agreed that Premier WellCare Coverage is added to this policy with the benefit limits shown on the reverse side of this Rider.

If **you** cancel this Rider, **we** will not re-issue this Rider during **your** pets lifetime. If **we** cancel this Rider, upon **your** request **we** may elect to re-issue it.

This Rider applies to the dog or cat identified below:

Name:	Breed:
Sex:	Species:
Date of Birth:	Color:
Age:	

Premium:

AUTHORIZED REPRESENTATIVE

**PET WELLCARE PROTECTION PREMIER COVERAGE
BENEFIT ALLOWANCES**

Applicable benefits are based on the species of the insured pet as listed on the reverse side.

CANINE BENEFITS	Annual Benefit Allowance	FELINE BENEFITS	Annual Benefit Allowance
Physical Examination Two visits per year (\$30 per visit)	\$60.00	Physical Examination Two visits per year (\$30 per visit)	\$60.00
Canine Vaccination / Titer	\$35.00	Feline Vaccination / Titer	\$35.00
Heartworm Test	\$30.00	Felv/FIV Test Heartworm Test Choice of ONE of the following:	\$30.00
Fecal Test	\$15.00	Fecal Test	\$15.00
Deworming	\$20.00	Deworming	\$20.00
Microchip Pet Identification	\$20.00	Microchip Pet Identification	\$20.00
Flea Control/Heartworm Prevention	\$50.00	Flea Control/Heartworm Prevention	\$50.00
Choice of ONE of the following: Health Screen (Blood Test) Radiograph (X-Rays) EKG	\$50.00	Choice of ONE of the following: Health Screen (Blood Test) Radiograph (X-Rays) EKG	\$50.00
Urinalysis ERD (Kidney Test) Choice of ONE of the following:	\$20.00	Urinalysis ERD (Kidney Test) Choice of ONE of the following:	\$20.00
Dental Cleaning Choice of ONE of the following: Spay/Neuter	\$100.00	Dental Cleaning Choice of ONE of the following: Spay/Neuter	\$100.00

No deductible or percentage co-pay shall apply to the benefits listed under the Pet WellCare Protection Premier Coverage Rider. The benefit payment shall not exceed the fee charged or benefit allowance.

Pet WellCare Protection Premier Coverage Rider benefits do not apply to any vaccination or procedure that was administered prior to the Rider effective date. Pet WellCare Protection Premier Coverage Rider benefits shall only apply when the base policy is in force and may not extend past the term of the base policy at the time the Pet WellCare Protection Premier Coverage Rider is activated. Upon renewal eligibility of your base policy, the Pet WellCare Protection Premier Coverage Rider will also be eligible for renewal.

NATIONAL CASUALTY COMPANY

Home Office: Madison, WI 53703-2783

A Stock Insurance Company

Administrative Office: 8877 N. Gainey Center Dr., Scottsdale, AZ 85258 • 1-800-423-7675

DIRECT ALL INQUIRIES AND CLAIMS TO:

DVM Insurance Agency: 3060 Saturn Street • Brea, CA 92821-6200 • 1-800-540-2016 • 714-989-0555

VPI® STANDARD PLAN—COVERAGE FORM

1. INSURING CLAUSE

In return for **your** payment of premium when due and **your** compliance with the provisions of this policy, **we** will pay **your** incurred policy benefits as listed under "Benefit Provisions." **We** will pay only those **veterinary services** expenses **you** incur during the policy term. Benefit payments are subject to all exclusions, limitations, and **conditions** of this insurance policy.

2. DEFINITIONS: We define words or phrases in your policy. **We** identify these terms with **bold typeface**.

Congenital disorder	Means an abnormality present at birth, whether apparent or not, that can cause illness or disease. See Section 8 for examples.
Condition	Means an illness, injury, or disease. All manifestations of clinical signs or symptoms of an illness, injury, or disease, regardless of the number of affected areas of your pet's body, constitute one condition .
Curable	Means capable of being cured .
Cured	Means resolution of a condition so that ongoing or intermittent treatment is not required and recurrences or complications are not expected.
Hereditary disorder	Means an abnormality transmitted by gene(s) from parent to offspring, whether apparent or not, that can cause illness or disease.
Incident	Means any condition that causes you to consult a veterinarian . Chronic or ongoing conditions , e.g. allergic dermatitis, will be considered one incident no matter how many times you consult a veterinarian .
Pet	Means the animal identified on the Declarations Page or Renewal Certificate of your policy.
Plan C	Means the Veterinary Pet Insurance Standard Plan.
Pre-existing condition	Means any condition that began or was contracted, manifested, or incurred before the effective date of this policy, whether or not the condition was discovered, diagnosed, or treated.
Specialist	Means a diplomate of a specialty board recognized by the American Veterinary Medical Association.
Veterinarian	Means a legally licensed veterinary practitioner.
Veterinary services	Means medical treatment provided by or under the direct supervision of a veterinarian .
Void	Means declaring during the policy term that your policy is not in force and has no effect.
We or us	Means the company providing this insurance.
You or your	Means the policyholder listed on the Declarations Page or Renewal Certificate of this insurance policy.

3. POLICY EFFECTIVE DATE

Your policy will be in effect at the time and date shown on **your** Declarations Page or Renewal Certificate. For **Plan C**, the effective date will be not less than fourteen (14) calendar days after **we** accept and approve the application and the premium is paid to **us**.

4. BENEFIT PROVISIONS—PLAN C

- A. **We** will pay reasonable and necessary **veterinary services** expenses for **your pet's condition** that occurs and is treated during the policy term. To be eligible for payment, **your pet's condition** must come within a primary diagnostic code listed on the Standard Plan Benefit Schedule. Each **condition** is eligible for payment under only one primary diagnostic code and any applicable secondary diagnostic code, per **incident**.
- B. The amount **we** will pay for any **condition** covered by this policy is determined by: (1) **your veterinary services** expenses, (2) the Benefit Schedule, and (3) **your** deductible. **We** will pay 90% of covered **veterinary services** expenses up to a maximum of 90% of the Benefit Schedule diagnostic code that applies to **your pet's condition**, less **your** deductible.
- C. Payments under this insurance policy are limited to a maximum of \$2,500 per **incident** and a maximum of \$9,000 for each policy term.

- D. If **your pet** has a **condition** requiring **your** primary **veterinarian** to refer **your pet** to another **veterinarian** who is a **specialist**, **you** will receive a second Benefit Schedule allowance for **your pet's** treatment by the **specialist**. This additional allowance applies once per **incident** and does not increase **your** policy's maximum benefit per **incident** or the maximum benefit for each policy term.

5. DEDUCTIBLE

We specify **your** deductible on the Declarations Page or Renewal Certificate of **your** policy. **Your** deductible will apply once to each **incident** during the policy term.

6. CO-PAYMENT

We specify **your** co-payment on the Declarations Page or Renewal Certificate of **your** policy. **We** will apply a co-payment to each claim.

7. ASSIGNMENT OR TRANSFER OF POLICY

You may not assign this policy in whole or in part to any other person or for any other **pet**.

8. WHAT WE DO NOT COVER: EXCLUSIONS

This policy will not pay for:

- A. **Pre-existing conditions.** A **condition** is not **pre-existing** if it was **cured** before the effective date of this insurance policy and there has not been a recurrence or manifestation of the **condition** for at least six (6) months.
- B. The **conditions** listed on the Declarations Page or Renewal Certificate of **your** policy.
- C. The diagnosis, medical management or surgical correction of anterior cruciate ligament (ACL) damage or rupture to **your pet** that occurs during the first 12 calendar months this policy is in effect.
- D. The following musculoskeletal disorders: (1) hip dysplasia, (2) elbow dysplasia, (3) osteochondritis dissecans, (4) aseptic necrosis of the femoral head, (5) cervical vertebral instability, and (6) patellar luxation.
- E. The following urinary tract disorders: (1) renal dysplasia, and (2) cystine urolithiasis.
- F. The following ocular disorders: (1) prolapsed gland of the 3rd eyelid, (2) everted, scrolled or inverted cartilage of the 3rd eyelid, (3) distichiasis, (4) ectopic cilia, (5) ectropion, (6) entropion, (7) primary glaucoma, (8) retinal dysplasia, (9) progressive retinal atrophy, (10) corneal dystrophy, including indolent ulcers in pets 6 years of age and older, and (11) cataracts of dogs 6 years of age and younger unless secondary to documented injury or diabetes mellitus.
- G. The following endocrine disorder: (1) sex hormone dermatosis and (2) growth hormone dermatosis.
- H. The following respiratory disorder: (1) Collapsed trachea.
- I. The following multi-systemic disorder: (1) histiocytosis (cutaneous, systemic or malignant).
- J. Diagnosis or treatment of any **congenital disorder** or any condition resulting from the **congenital disorder**. Examples of **congenital conditions** are blood clotting deficiencies, portosystemic shunts, urinary track calculi secondary to metabolic defects, and **congenital** anatomical defects. This is not a complete list.
- K. Diagnosis or treatment of any **hereditary disorder** or any **condition** resulting from the **hereditary disorder**. **You** may obtain a list of **conditions we** regard as breed-specific **hereditary disorders** through our Web site, www.petinsurance.com or call **us** at 800-USA-PETS.
- L. Elective procedures or cosmetic surgeries including, but not limited to, tail docking, dewclaws, skin folds and nail trims.
- M. Expression of anal glands or anal sacculitis and removal of anal glands.
- N. Breeding, artificial insemination, or **conditions** related to pregnancy, including caesarean section, dystocia, or termination of pregnancy.
- O. Special diets, pet foods, vitamins, minerals and nutritional supplements, boarding or transport expenses, grooming costs and bathing—including medicated baths.
- P. Any disease preventable by vaccination. **We** will pay policy benefits if: (1) **your pet** was fully vaccinated for the disease and contracted the disease despite the prior vaccination, or (2) **your pet** was not vaccinated for the disease based on the protocol of **your pet's veterinarian**.
- Q. Diagnosis, treatment, training, or therapy for behavioral problems.
- R. Diagnosis of, or treatment for, internal or external parasites including, but not limited to, fleas, heartworms, and roundworms. **We** will not pay for preventive treatment or preventive diagnostics associated with internal or external parasites.
- S. Orthodontics, endodontics, or removal of deciduous teeth.
- T. Diagnostic test(s) or treatment(s) for **conditions** excluded or limited by this policy or tests or treatments for complications of **conditions** excluded or limited by this policy.
- U. Preventive treatment or diagnostics associated with preventive treatment.
- V. Routine examinations, vaccines, teeth cleaning or polishing.
- W. Spaying and neutering.

- X. Any injury to the insured **pet** caused intentionally by **you** or anyone who lives in **your** household.
- Y. Any **condition** caused directly or indirectly by war, terrorism, rebellion, insurrection, or any release of nuclear radiation or radioactive contamination, regardless of cause.

9. OTHER INSURANCE

This insurance is excess over any other insurance whether collectable or not, that covers **your pet**.

10. TERMINATION OF INSURANCE

- A. The policy will lapse if **you** do not pay **your** premium when due.
- B. **We** may cancel **your** policy by mailing written notice to **you** at the address shown on the Declarations Page or Renewal Certificate of **your** policy ten (10) days before **we** cancel **your** policy.
- C. **You** may cancel **your** policy at any time by notifying **us** in writing.
- D. **We** will refund unearned premiums on a prorated basis if either **you** or **we** cancel **your** policy.

11. LIBERALIZATION

If **we** revise this policy form and broaden **your** coverage without charge, **you** will receive the broader coverage as soon as **we** make the revision.

12. REVIEW

You may request a review: (1) if **we** deny **your** claim in whole or in part, or (2) to ask that **we** remove an excluded **condition** listed on the Declarations Page or Renewal Certificate of **your** policy. **Your** request must be in writing. **You** must provide **us** with all medical records and any other supporting documentation upon our reasonable request. **We** will not review requests to remove any excluded **condition** unless the **condition** has been **cured** for at least six (6) months before the date of **your** request. All review decisions are final.

13. INSURED'S DUTIES

- A. **You** must submit all itemized receipts of treatment from a **veterinarian** with **your** fully completed and legible claim form. In all cancer treatment claims, you may be required to submit documentation of a test or tests showing that **your pet** was treated for a malignant **condition**.
- B. **You** agree to submit **your pet** to examination by a **veterinarian** selected by **us**, upon our request.
- C. **You** must reasonably protect **your pet** from aggravation of any **condition**.
- D. Upon payment of benefits, **we** will be subrogated to **your** rights of recovery from any other party.
- E. **You** agree to provide **us** with all veterinary records when **we** request them.

14. DECLARATIONS

By accepting this policy, **you** agree that all the statements in **your** application and the declarations are true and that **you** have provided **us** with all material information about **your pet's** medical **condition**. **You** affirm that the policy and the Riders are the entire and only agreements between **you** and **us**.

15. FRAUD AND CONCEALMENT

We will void **your** policy from its inception if **we** discover that **you** have misrepresented or omitted any material fact and **we** relied on **your** misrepresentation or omission in issuing this policy to **you**. **We** may deny **your** claim and **void your** policy if **you** conceal material information or make any material misrepresentation in **your** claim.

16. INSTALLMENT PAYMENT SERVICE CHARGE

If **you** elect to pay **your** premium in installments, **we** will charge **you** the installment fee listed on the Declarations Page or Renewal Certificate of **your** policy, per each installment payment.



VETERINARY PET INSURANCE SUPERIOR PLAN BENEFIT SCHEDULE

(Effective 4-07. Subject to change)

Column A is the benefit limit for the **Primary Diagnosis or Condition**. This includes exam, injections, hospitalization, treatment, surgery.

Column B is the benefit limit for the **Primary Diagnostic Testing Maximums** listed for the system the diagnosis is under. Specialized Diagnostic Test allowance as listed at the end of this schedule may also be eligible for coverage.

Column C is the benefit limit for **General Anesthesia** as it relates to the primary diagnosis.

Column D is the benefit allowance limit for **Chemotherapy and Radiation treatment** as it relates to the primary diagnosis.

Column E is the benefit limit for the condition if it is treated as a **Secondary Diagnosis or Condition**, concurrently with the **Primary Diagnosis or Condition**.

Code Diagnosis

Column A
(Primary Diagnosis Allowance)
Column B
(Primary Diagnostic Testing Allowance)
Column C
(Primary Anesthesia Allowance)
Column D
(Primary Chemotherapy/Radiation)
Column E
(Secondary Diagnosis Allowance)

CARDIOVASCULAR SYSTEM (1100)

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1101 Arrhythmia	\$159	\$315	\$—	\$—	\$111
1102 Arterial Thromboembolism	370	315	—	—	259
1103 Cardiomyopathy	216	315	—	—	151
1104 Neoplasia Heart & Pericardium-Surgical	430	315	125	300/1200*	301
1105 Myocarditis-Endocarditis	182	315	—	—	127
1106 Pericardial Effusion	380	315	79	—	266
1107 Congestive Heart Failure	294	315	—	—	207
1108 Valvular Heart Disease	118	315	—	—	78
1109 Neoplasia (Peripheral Vessels)	294	315	79	300/1200*	206
1110 Cardiac Arrest	180	315	—	—	126
1111 Cardiovascular Collapse (Shock)	204	315	—	—	143
1114 Pacemaker	1400	315	210	—	980
1115 Hypertension	103	315	—	—	72
1121 Syncope	159	315	—	—	111
8110 Secondary Tests (Cardiovascular)**	—	—	—	—	205

DIGESTIVE SYSTEM (1200)

Esophageal Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1201 Acquired Achalasia	\$395	\$236	\$—	\$—	\$276
1202 Esophagitis	143	236	—	—	100
1203 Foreign Body Endoscopy	181	236	79	—	126
1205 Foreign Body-Surgical	1200	236	125	—	840
1207 Neoplasia, Esophagus-Surgical	700	236	125	300/1200*	497
1208 Megaesophagus-Medical	609	236	—	—	426
1209 Megaesophagus-Surgical	682	236	100	—	495

Abdominal Wall Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1211 Peritonitis-Medical	\$231	\$236	\$—	\$—	\$162
1212 Peritonitis-Surgical	884	236	125	—	619
1213 Peritoneal Neoplasia-Surgical	524	236	100	300/1200*	367
1214 Trauma-Herniation	381	236	89	—	267
1217 Exploratory-Surgical	—	—	—	—	405

Stomach Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1220 Foreign Body-Medical	\$140	\$236	\$—	\$—	\$98
1221 Foreign Body-Surgical	936	236	123	—	655
1222 Gastritis	136	236	—	—	85
1223 Gastric Dilatation-Medical	324	236	120	—	227
1224 Gastric Torsion-Surgical	1617	236	140	—	1132
1225 Neoplasia, Stomach-Surgical	799	236	120	300/1200*	559
1226 Gastric Ulcer	337	236	—	—	236
1227 Pyloric Stenosis-Surgical	700	236	100	—	195
1228 Pyloric Stenosis-Medical	130	236	—	—	63
1230 Hemorrhagic Gastroenteritis	352	236	—	—	246
1235 P.E.G. Tube	—	—	—	—	150

Small Intestine Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1240 Endotoxic Shock	\$378	\$236	\$—	\$—	\$265
1241 Enteritis	83	236	—	—	58
1242 Foreign Body-Medical	205	236	—	—	85
1243 Foreign Body-Surgical	1018	236	109	—	713
1244 Intussusception-Surgical	900	236	125	—	630
1246 Neoplasia, Small Intestine-Surgical	870	236	110	300/1200*	609
1247 Mesenteric Volvulus	900	236	125	—	630
1248 Intestinal Resection	1200	236	125	—	840
1249 IBD (Biopsy required)	478	236	95	—	239
4010 Lymphangiectasia, Acquired (Biopsy required)	478	236	95	—	239

Code Diagnosis

Large Intestine Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1250 Colitis	\$98	\$236	\$—	\$—	\$69
1251 Megacolon-Acquired-Medical	175	236	—	—	122
1255 Neoplasia, Large Intestine-Surgical	616	236	125	300/1200*	368
1256 Rectal Polyps-Surgical/Endoscopy	167	236	95	—	89
1257 Rectal Prolapse-Medical	229	236	74	—	160
4011 Constipation	98	236	—	—	69
8120 Secondary Tests (Digestive)**	—	—	—	—	154

Perineal Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1262 Perianal Fistula-Medical	\$241	\$152	\$—	\$—	\$169
1263 Perianal Fistula-Surgical	306	152	100	—	189
1264 Perineal Hernia-Surgical	600	152	110	—	420
1265 Perineal Neoplasia	379	152	95	300/1200*	256
1266 Perineal Hygroma	100	152	79	—	52
4021 Anal Sac Neoplasia	365	152	95	300/1200*	256
8126 Secondary Tests (Perineal)**	—	—	—	—	98

Exocrine Pancreatic Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1270 Pancreatitis	\$388	\$205	\$—	\$—	\$272
1271 Exocrine Pancreatic Insufficiency	166	205	—	—	116
1274 Pancreatic Abscess-Surgical	835	205	100	—	394
8127 Secondary Tests (Exocrine Pancreatic)**	—	—	—	—	133

Gall Bladder Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1280 Choleliths-Surgical	\$1000	\$196	\$94	\$—	\$394
1281 Cholangitis	245	196	—	—	172
1282 Ruptured Bile Duct-Surgical	1200	196	125	—	394
1283 Neoplasia, Gall Bladder-Surgical	900	196	125	300/1200*	630
8128 Secondary Tests (Gall Bladder)**	—	—	—	—	127

Hepatic Disorders

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1290 Hepatitis	\$225	\$184	\$74	\$—	\$158
1291 Cirrhosis	279	184	—	—	195
1292 Neoplasia, Hepatic-Surgical	665	184	115	300/1200*	466
1293 Hepatic Abscess-Surgical	789	184	115	—	552
1294 Trauma-Surgical	860	184	115	—	602
1297 Hepatic Encephalopathy	—	—	—	—	105
4040 Lipidosis	225	184	74	—	158
8129 Secondary Tests (Hepatic)**	—	—	—	—	120

DERMATOLOGY (1300)

Wounds

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1301 Foreign Body	\$141	\$131	\$74	\$—	\$99
1302 Laceration or Bite Wound	154	131	74	—	108
1303 Lacerations (Multiple)	275	131	95	—	192
1304 Puncture	97	131	74	—	68
1305 Abrasion	73	131	—	—	51
1306 Abscess or Granuloma	163	131	84	—	114
1307 Burn	116	131	—	—	81
1308 Seroma	107	131	—	—	75
1310 Skin Graft	—	—	—	—	200
1312 Bite Wounds (Multiple)	275	131	95	—	192
8130 Secondary Tests (Wounds)**	—	—	—	—	85

Dermatoses

Code Diagnosis	Column A	Column B	Column C	Column D	Column E
1320 Acanthosis Nigrans	\$96	\$168	\$—	\$—	\$48
1321 Acne	94	168	—	—	66
1322 Atopic or Allergic Dermatitis	107	168	—	—	64
1323 Dermatomyositis	100	168	—	—	70
1324 Dermal Cyst	109	168	70	—	76
1325 Endocrine Alopecia	88	168	—	—	62
1326 Pyoderma	108	168	—	—	76
1327 Seborrhea	69	168	—	—	48
1328 Lick Granuloma	113	168	—	—	79
1329 Neoplasia (Benign)	155	168	80	—	105
1331 Immune Mediated Skin Disease	202	168	—	—	141
1332 Eosinophilic Ulcer or Eosinophilic Granuloma	127	168	—	—	89
1333 Allergic Reaction	94	168	—	—	66
1335 Folliculitis	116	168	—	—	81
1336 Mast Cell Tumor	350	168	105	300/1200*	245
1337 Lipoma	126	168	85	—	88
1342 Histiocytoma	133	168	80	—	93
1343 Fibrosarcoma	399	168	105	300/1200*	279
1344 Hemangiopericytoma	561	168	124	300/1200*	393
1345 Feline Fibrosarcoma	270	168	100	300/1200*	135
1346 Paronychia	134	168	80	—	94
1350 Cellulitis	94	168	—	—	66
1352 Dermatophytosis	100	168	—	—	70
1353 Miliary Dermatitis	88	168	—	—	62
1354 Hot Spots	108	168	—	—	76

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.

**System Secondary Test Benefits may only be used once for each incident.

Continued from page 1

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
1355 Calcinososis	\$116	\$168	\$—	\$—	\$81
1356 Squamous Cell Carcinoma	350	168	105	300/1200*	245
1357 Adenoma	126	168	85	—	88
1358 Malignant Melanoma or Melanosarcoma	399	168	105	300/1200*	279
1359 Plasmacytoma	399	168	105	300/1200*	279
1361 Cutaneous Hemangiosarcoma	561	168	124	300/1200*	393
1363 Onychomycosis	134	168	80	—	94
1364 Liposarcoma (Infiltrative)	350	168	105	300/1200*	245
8132 Secondary Tests (Dermatoses)**	—	—	—	—	110

RESPIRATORY SYSTEM (1400)

Upper Airway

1401 Foreign Bodies	\$119	\$163	\$80	\$—	\$83
1402 Tonsillitis	108	163	—	—	76
1404 Laryngeal Edema	158	163	—	—	111
1405 Trauma	195	163	100	—	136
1406 Neoplasia, Upper Airway-Surgical	395	163	90	300/1200*	276
1407 Tonsillectomy	310	163	85	—	184
1408 Laryngitis	100	163	—	—	70
1409 Laryngeal Paralysis-Medical	203	163	85	—	142
1410 Laryngeal Paralysis-Surgical	1200	163	125	—	840

Trachea

1420 Tracheitis	\$80	\$163	\$74	\$—	\$56
1423 Foreign Body-Surgical	158	163	74	—	94
1425 Trauma	175	163	95	—	122
1427 Neoplasia, Tracheal-Medical	262	163	—	300/1200*	142
1428 Neoplasia, Tracheal-Surgical	525	163	115	300/1200*	352

Thorax

1440 Trauma	\$490	\$163	\$95	\$—	\$343
1441 Pulmonary Edema	241	163	—	—	169
1442 Bronchitis	115	163	—	—	77
1443 Asthma	115	163	—	—	77
1444 Pleural Effusion	412	163	89	—	288
1445 Neoplasia, Thorax-Surgical	1060	163	135	300/1200*	742
1446 Diaphragmatic Hernia-Surgical	1100	163	135	—	404
1447 Pneumonia	425	163	—	—	298
1448 Lung Torsion-Surgical	1400	163	130	—	624
1449 Pneumothorax	945	163	130	—	682
1450 Foreign Body-Surgical	682	163	100	—	404
1451 Mediastinal Disease	360	163	—	—	252
1452 Tracheobronchitis	95	163	—	—	66
1453 Neoplasia, Thorax-Medical	292	163	—	300/1200*	204
1454 Pyothorax	1600	163	120	—	1120
1455 Chylothorax	1600	163	120	—	1120
1458 Chest tube	—	—	—	—	150
8140 Secondary Tests (Respiratory)**	—	—	—	—	106

REPRODUCTIVE SYSTEM (1500)

Vaginal Disorders

1501 Vaginitis	\$100	\$136	\$—	\$—	\$70
1504 Vaginal Foreign Body-Surgical	131	136	85	—	52
1505 Trauma	194	136	92	—	105
1506 Neoplasia, Vaginal-Surgical	340	136	110	300/1200*	176

Uterine Disorders

1510 Metritis-Medical	\$175	\$136	\$—	\$—	\$74
1511 Pyometra-Surgical	574	136	110	—	392
1512 Prolapse-Surgical	273	136	90	—	142
1513 Uterine Neoplasia	210	136	90	300/1200*	120
1514 Ovarian Neoplasia	210	136	90	300/1200*	120

Mammary Gland Disorders

1520 Mastitis	\$86	\$136	\$—	\$—	\$74
1521 Mastectomy-Partial	305	136	100	300/1200*	214
1522 Mastectomy-Radical	500	136	120	300/1200*	350
1526 Lumpectomy	175	136	80	—	122

Testicular Disorders

1530 Neoplasia, Testicular-Surgical	\$175	\$136	\$80	\$300/1200*	\$122
1531 Orchitis	175	136	80	—	122
1532 Torsion-Surgical	175	136	80	—	122
1535 Epididymitis	175	136	80	—	122

Disorders of the Penis & Prepuce

1540 Paraphimosis	\$80	\$136	\$—	\$—	\$52
1541 Trauma	96	136	74	—	68
1542 Neoplasia, Penis or Prepuce	186	136	74	300/1200*	133
1543 Foreign Body-Surgical	121	136	79	—	85
1544 Balanoposthitis	89	136	—	—	62

Code Diagnosis

Disorders of the Prostate

1550 Neoplasia, Prostrate-Surgical	\$581	\$136	\$105	\$300/1200*	\$407
1551 Prostatitis Medical	181	136	—	—	127
1552 Prostatitis-Surgical-Castration	175	136	80	—	122
8150 Secondary Tests (Reproductive)**	—	—	—	—	89

CHEMICAL AND PHYSICAL DISORDERS (1600)

Poisoning

1601 Metaldehyde	\$356	\$147	\$80	\$—	\$142
1602 Strychnine	200	147	74	—	142
1603 Ethylene Glycol (Antifreeze)	281	147	—	—	185
1604 Organophosphate (Carbamate)	246	147	—	—	172
1605 Rodenticide Toxicity	248	147	—	—	174
1606 Household Chemicals	162	147	—	—	113
1607 Drug Reactions	197	147	—	—	138
1608 Toad Poisoning	205	147	—	—	124
1609 Plant Poisoning	181	147	—	—	127
1610 Walnut Poisoning	232	147	—	—	168
1611 Drug Overdose	296	147	—	—	207
1612 Methylxanthine	169	147	74	—	78
1613 Alcohol Toxicity	280	147	—	—	126
1615 Heavy Metals (Lead/Zinc)	446	147	—	—	312
1617 Drug Toxicity	248	147	—	—	174

Physical Disorders

1650 Insect Bites & Stings	\$102	\$147	\$—	\$—	\$71
1651 Snakebite	588	147	90	—	260
1652 Near Drowning	163	147	—	—	92
1653 Heat Stroke (Hyperthermia)	304	147	—	—	213
1654 Hypothermia	120	147	—	—	84
1655 Frostbite	310	147	74	—	105
1656 Electric Shock	132	147	—	—	89
1657 Hypoglycemia	189	147	—	—	130
1658 Antivenom	—	—	—	—	400
1659 Dehydration	—	—	—	—	89
1661 Vaccine Reaction	145	147	—	—	85
8160 Secondary Tests (Chemical & Physical)**	—	—	—	—	96

URINARY SYSTEM (1700)

Kidney

1701 Nephrolithiasis-Medical	\$232	\$173	\$—	\$—	\$155
1703 Nephrotic Syndrome	180	173	—	—	126
1706 Neoplasia, Renal-Surgical Biopsy	457	173	110	300/1200*	320
1707 Nephrectomy	1200	173	156	—	840
1709 Glomerulonephritis (Biopsy required)	383	173	95	—	268
1715 Kidney Transplant	1465	173	120	—	821
1716 Chronic Renal Failure	285	173	—	—	200
1717 Hypertension	103	173	—	—	72
1718 Acute Renal Failure	346	173	—	—	204
1723 Uremia	180	173	—	—	126
1724 Pyelonephritis	285	173	—	—	200

Bladder

1801 Urolithiasis-Surgical	\$668	\$173	\$110	\$—	\$468
1802 Cystitis	102	173	—	—	68
1803 Trauma (Ruptured Bladder)	760	173	110	—	532
1804 Neoplasia, Bladder	595	173	110	300/1200*	416
1805 Feline Lower Urinary Tract Disease	157	173	74	—	110
1806 Urinary Incontinence or Atony	81	173	—	—	57
1809 Urolithiasis-Medical	125	173	—	—	88

Urethra

1901 Urethrolithiasis-Surgical	\$586	\$173	\$105	\$—	\$410
1902 Trauma/Urethritis	209	173	—	—	146
1903 Perineal Urethrostomy	1100	173	120	—	770
1905 Neoplasia, Urethral	572	173	90	300/1200*	400
8170 Secondary Tests (Urinary)**	—	—	—	—	112

INFECTIOUS DISEASES (2000)

2001 Papillomatosis	\$123	\$165	\$—	\$—	\$88
2002 Salmonellosis	89	165	—	—	62
2003 Parvovirus	468	165	—	—	328
2005 Canine Coronavirus	240	165	—	—	119
2006 Feline Upper Respiratory Infection	102	165	—	—	71
2007 FIP	324	165	—	—	250
2008 Hemobartonella (Mycoplasmosis)	181	165	—	—	127
2009 Panleukopenia	440	165	—	—	198
2010 Canine Distemper	320	165	—	—	192
2013 Brucellosis	178	165	—	—	89
2014 Leptospirosis	385	165	—	—	270

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.
 **System Secondary Test Benefits may only be used once for each incident.

Continued from page 2

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Allowance)
2015 Tetanus	\$430	\$165	\$—	\$—	\$247
2016 Botulism	326	165	—	—	195
2017 Valley Fever/Coccidioidomycosis	278	165	—	—	195
2019 Feline Leukemia	354	165	—	—	248
2020 Fever of Unknown Origin	113	165	—	—	79
2021 Rickettsia (Ehrlichia)	210	165	—	—	139
2022 Salmon Disease	210	165	—	—	139
2023 Lyme Disease	87	165	—	—	61
2024 Rocky Mountain Spotted Fever	210	165	—	—	139
2039 Herpes Virus	165	165	—	—	116
2040 Blastomycosis-Systemic Mycosis	278	165	—	—	195
2041 Histoplasmosis-Systemic Mycosis	278	165	—	—	195
2042 Cryptococcosis-Systemic Mycosis	278	165	—	—	195
2043 Bartonella	87	165	—	—	61
2044 Clostridiosis	89	165	—	—	62
2045 Tuberculosis	178	165	—	—	89
2046 FIV	354	165	—	—	248
2048 Canine Influenza	240	165	—	—	119
8200 Secondary Tests (Infectious Diseases)**	—	—	—	—	107

OPHTHALMOLOGY (2100)

2102 Eyelid Neoplasia-Surgical	\$199	\$105	\$85	\$300/1200*	\$139
2105 Plugged Tear Duct	91	105	—	—	64
2106 Corneal Edema	105	105	—	—	74
2107 Conjunctivitis	67	105	—	—	47
2108 Keratitis Sicca-Medical	121	105	—	—	85
2109 Keratitis Sicca-Surgical	480	105	100	—	236
2110 Corneal Ulcer-Medical	116	105	80	—	81
2111 Corneal Ulcer-Surgical	377	105	84	—	264
2112 Descemetocele-Surgical	685	105	86	—	480
2114 Iritis	146	105	—	—	102
2115 Secondary Glaucoma-Medical	192	105	—	—	134
2116 Secondary Glaucoma-Surgical	506	105	100	—	354
2117 Cataracts-Surgical	1016	105	120	—	711
2118 Lens Luxation-Surgical	890	105	110	—	623
2119 Retrobulbar Abscess	221	105	90	—	142
2120 Iris Prolapse-Surgical	470	105	110	—	329
2121 Foreign Body	141	105	80	—	99
2122 Meibomian Cyst	134	105	80	—	94
2123 Proptosed Eye	346	105	80	—	242
2126 Enucleation	438	105	100	—	307
2127 Keratectomy	690	105	100	—	310
2129 Neoplasia, Ocular-Surgical	350	105	110	300/1200*	276
2131 Blepharitis	110	105	—	—	77
2132 Trauma	127	105	80	—	89
2134 Retinal Detachment-Medical	198	105	—	—	139
2135 Retinal Degeneration	139	105	—	—	97
2136 Cataract-Medical	117	105	—	—	82
2137 Retinal Detachment-Surgical	315	105	85	—	178
2148 Lens Implant	—	—	—	—	150
2156 Uveitis	146	105	—	—	102
2157 Retinitis	146	105	—	—	102
2158 Episcleritis	110	105	—	—	77
8210 Secondary Tests (Ophthalmic)**	—	—	—	—	68

NEUROLOGY (2200)

2202 Coon Dog Paralysis	\$422	\$210	\$—	\$—	\$253
2203 Degenerative Myelopathy	254	210	—	—	178
2204 Encephalitis-Meningitis	473	210	—	—	331
2205 Epilepsy	168	210	—	—	81
2206 Intervertebral Disc Disease-Medical	161	210	—	—	113
2207 Intervertebral Disc Disease (Fenestration)	975	210	154	—	682
2208 Intervertebral Disc Disease (Laminectomy)	1875	210	253	—	1312
2210 Trauma	290	210	90	—	203
2211 Stroke	310	210	—	—	217
2213 Neuritis (Peripheral Nerve)	188	210	—	—	132
2215 Neoplasia, Brain or Spinal Cord-Medical	477	210	—	300/1200*	334
2216 Cauda Equina Syndrome-Surgical	1489	210	126	—	893
2217 Diskospondylitis	225	210	80	—	158
2218 Cauda Equina Syndrome-Medical	225	210	80	—	158
2220 Fibrocartilagenous Emboli	561	210	90	—	268
2221 Vestibular Syndrome	283	210	—	—	198
2222 Myasthenia Gravis	796	210	—	—	168
2223 Neoplasia, Brain or Spinal Cord-Surgical	1299	210	201	300/1200*	909
2227 Progressive Ataxia	135	210	—	—	94
2228 Degenerative Encephalopathy	125	210	—	—	88
2235 Craniotomy	—	—	—	—	1312
2236 Ambulation Device	—	—	—	—	200
2240 Horner's Syndrome	283	210	—	—	198
8220 Secondary Tests (Neurological)**	—	—	—	—	137

EAR (2300)

2301 Auricular Hematoma	\$268	\$79	\$90	\$—	\$188
2302 Solar Dermatitis	116	79	—	—	54
2303 Trauma	167	79	80	—	117
2304 Neoplasia, Pinna-Surgical	175	79	85	300/1200*	122
2305 Otitis Externa	109	79	80	—	66

Code Diagnosis	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Allowance)
2306 Otitis Media-Medical	\$187	\$79	\$80	\$—	\$131
2307 Otitis Media-Surgical	300	79	85	—	210
2308 Foreign Body	115	79	80	—	80
2309 Lateral Ear Resection	624	79	100	—	437
2310 Ablation	1056	79	151	—	739
2311 Neoplasia, Ear Canal-Surgical	300	79	90	300/1200*	210
2313 Hearing Aid	310	79	89	—	226
2314 Otitis Interna-Medical	187	79	80	—	131
2315 Otitis Interna-Surgical	300	79	85	—	210
8230 Secondary Tests (Ear)**	—	—	—	—	51

NASAL CAVITY (2400)

2401 Rhinitis	\$103	\$126	\$74	\$—	\$72
2402 Sinusitis	103	126	74	—	72
2403 Foreign Bodies	137	126	90	—	96
2404 Trauma	135	126	75	—	94
2406 Neoplasia, Nasal or Sinus-Surgical	481	126	100	300/1200*	337
8240 Secondary Tests (Nasal)**	—	—	—	—	82

ORAL CAVITY (2500)

2502 Tooth Abscess	\$115	\$126	\$75	\$—	\$76
2503 Carnassial Abscess/Canine Tooth	176	126	85	—	123
2504 Neoplasia, Oral-Surgical	291	126	90	300/1200*	172
2505 Trauma	161	126	80	—	103
2506 Foreign Body	98	126	75	—	69
2507 Tongue Laceration	161	126	75	—	113
2508 Retropharyngeal Foreign Body	157	126	75	—	110
2509 Mandible Luxation	245	126	75	—	111
2510 Ulcerative Stomatitis	146	126	—	—	78
2511 Root Canal	502	126	110	—	351
2512 Oronasal Fistula	263	126	95	—	184
2513 Periodontitis-Medical	92	126	—	—	64
2514 Periodontitis-Surgical	210	126	89	—	147
2520 Feline Odontoclastic Disease	94	126	75	—	66
2521 Benign Oral Neoplasia	186	126	80	—	130
8250 Secondary Tests (Oral)**	—	—	—	—	82

SALIVARY GLAND (2600)

2601 Sialocele-Medical	\$113	\$158	\$—	\$—	\$79
2602 Sialocele-Surgical	430	158	95	—	257
2604 Neoplasia, Salivary Gland-Surgical	614	158	120	300/1200*	289
2605 Abscess	247	158	86	—	94
8260 Secondary Tests (Salivary)**	—	—	—	—	103

MUSCULOSKELETAL (2700)

2701 Cruciate Rupture-Medical (see policy)	\$110	\$152	\$75	\$—	\$77
2702 Cruciate Rupture-Surgical (see policy)	1207	152	125	—	845
2704 Luxation, Elbow-Closed Reduction	312	152	75	—	218
2705 Luxation, Elbow-Surgical	525	152	100	—	176
2706 Luxation, Hip-Closed Reduction	252	152	85	—	176
2708 Luxation, Hip-Surgical	900	152	123	—	630
2710 Myositis	159	152	—	—	111
2711 Osteoarthritis	155	152	—	—	92
2715 Osteomyelitis-Medical	250	152	—	—	175
2716 Osteomyelitis-Surgical	571	152	101	—	400
2717 Spondylosis	138	152	—	—	97
2720 Tendon Rupture (Cast)	290	152	100	—	203
2721 Tendon Rupture-Surgical	849	152	110	—	594
2722 Osteogenic Sarcoma-Medical	356	152	—	300/1200*	249
2723 Osteogenic Sarcoma-Surgical	952	152	120	300/1200*	488
2724 Sprain	76	152	—	—	53
2725 Bone Cyst-Medical	173	152	—	—	121
2726 Foreign Body, Foot	144	152	75	—	101
2727 Panosteitis	92	152	—	—	64
2728 Neoplasia, Muscle-Surgical	513	152	100	300/1200*	359
2729 Soft Tissue Trauma	95	152	—	—	66
2731 Dewclaw Amputation (Non-Elective)	158	152	80	—	111
2732 Tail Amputation	304	152	75	—	213
2733 Toe Amputation	380	152	90	—	266
2734 Torn Nail	111	152	75	—	78
2735 Hygroma-Medical	124	152	—	—	87
2736 Hygroma-Surgical	424	152	97	—	297
2737 Fore Leg Amputation	810	152	120	—	567
2738 Rear Leg Amputation	1100	152	120	—	770
2739 Synovitis	195	152	—	—	108
2740 Shoulder Luxation-Surgical	400	152	95	—	315
2741 Neoplasia, Jaw-Surgical	880	152	141	300/1200*	616
2742 Bone Fragment Joint-Surgical	411	152	100	—	288
2777 Hypertrophic Osteodystrophy	92	152	—	—	64
8270 Secondary Tests (Musculoskeletal)**	—	—	—	—	98

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.
 **System Secondary Test Benefits may only be used once for each incident.

Continued from page 3

Code Diagnosis

FRACTURES (2800)

Skull, Jaw, Scapula, Rib, Patella
Non-Surgical

	Column A (Primary Diagnosis Allowance)	Column B (Primary Diagnostic Testing Allowance)	Column C (Primary Anesthesia Allowance)	Column D (Primary Chemotherapy/ Radiation)	Column E (Secondary Diagnosis Allowance)
2801 Cage Rest	\$355	\$225	\$—	\$—	\$—
2802 Bandage	210	225	—	—	147
2803 Sling	247	225	—	—	100

Surgical

2811 Wire	\$487	\$225	\$90	\$—	\$341
2812 Pin(s) or K Wire	598	225	100	—	394
2813 Plate	774	225	110	—	542
2814 Kirshner Apparatus	640	225	94	—	420

Humerus, Femur, Radius, Ulna, Tibia

Non-Surgical

2820 Bandage (Rbt Jones/Temporary)	\$149	\$225	\$75	\$—	\$104
2821 Splint	245	225	75	—	172
2822 Cast	251	225	80	—	176

Surgical

2830 IM Pin(s)	\$797	\$225	\$110	\$—	\$558
2831 Plate	1425	225	202	—	998
2832 Kirshner Apparatus	1325	225	151	—	546
2833 Radius Curvus Surgical	1105	225	110	—	430
2834 Bone Graft or TPLO Plate	—	—	—	—	210

Pelvis & Vertebrae

Non-Surgical

2840 Cage Rest	\$279	\$225	\$—	\$—	\$—
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Surgical

2850 IM Pins/Wire/Screws	\$700	\$225	\$103	\$—	\$490
2851 Plate	1800	225	130	—	704
2852 Kirshner Apparatus	1190	225	100	—	609

Carpus, Metacarpus, Tarsus, Metatarsus, Phalanges

Non-Surgical

2860 Bandage	\$117	\$225	\$—	\$—	\$82
2861 Cast or Splint	209	225	75	—	146

Surgical

2870 Pins/Wires/Screws	\$956	\$225	\$110	\$—	\$669
2871 Plate Arthrodesis	1140	225	131	—	798
8280 Secondary Tests (Fractures)**	—	—	—	—	146

ENDOCRINOLOGY (2900)

Adrenal

2902 Addison's Disease	\$416	\$268	\$—	\$—	\$225
2903 Neoplasia, Adrenal-Surgical	746	268	110	300/1200*	522

Thyroid

2920 Hypothyroidism	\$72	\$268	\$—	\$—	\$50
2921 Hyperthyroidism	129	268	—	—	90
2922 Neoplasia, Thyroid-Surgical	442	268	90	300/1200*	309
2923 Hyperthyroidism (I-131)	880	268	100	—	348

Parathyroid

2940 Hyperparathyroidism	\$300	\$268	\$—	\$—	\$210
2942 Hypoparathyroidism	193	268	—	—	135
2943 Neoplasia, Parathyroid-Surgical	614	268	98	300/1200*	350

Pancreas (Endocrine)

2950 Diabetes Mellitus	\$300	\$268	\$—	\$—	\$210
2951 Islet Cell Tumor-Surgical	797	268	100	300/1200*	558

Pituitary

2960 Diabetes Insipidus	\$196	\$268	\$—	\$—	\$137
2961 Cushing's Disease	193	268	—	—	135
8290 Secondary Tests (Endocrine)**	—	—	—	—	174

*Chemotherapy/radiation treatment(s) may be eligible for coverage at a rate of \$300 per treatment up to a maximum of \$1200. Proof of malignancy required.

**System Secondary Test Benefits may only be used once for each incident.

Column A
(Primary Diagnosis
Allowance)

Column B
(Primary Diagnostic
Testing Allowance)

Column C
(Primary Anesthesia
Allowance)

Column D
(Primary Chemotherapy/
Radiation)

Column E
(Secondary
Diagnosis
Allowance)

Code Diagnosis

BLOOD DISORDERS (3000)

Blood Cell Disorders

3001 Immune Mediated Hemolytic Anemia	\$692	\$200	\$—	\$—	\$484
3003 Heinz-Body Anemia	210	200	—	—	157
3004 Anemia of Chronic Disease	139	200	—	—	97
3005 Aplastic-Hypoplastic Anemia	366	200	74	—	256
3006 Drug Induced Anemia	240	200	—	—	136
3007 Myeloproliferative Disorders	442	200	179	—	309
3008 Leukemia	385	200	74	300/1200*	270
3009 Septicemia	362	200	—	—	253
3010 Immune Mediated Neutropenia	409	200	74	—	200
3011 Transfusion	—	—	—	—	290
3014 Multiple Myeloma	378	200	74	300/1200*	265

Bleeding Disorders

3032 Thrombocytopenia/Platelet Disorder	\$325	\$200	\$—	\$—	\$228
3033 Drug Induced Disorders	331	200	—	—	232
3034 DIC (Dissem IntraVascular Coag)	242	200	—	—	169
8300 Secondary Tests (Blood)**	—	—	—	—	130

LYMPHATIC DISORDERS (3100)

3101 Lymphadenitis	\$159	\$200	\$74	\$—	\$111
3102 Lymphnode Hyperplasia	188	200	74	—	132
3103 Lymphosarcoma	528	200	100	300/1200*	370
3104 Thymoma-Surgical	1400	200	74	300/1200*	980
8310 Secondary Tests (Lymphatic)**	—	—	—	—	130

SPLEEN DISORDERS (3200)

3201 Splenic Rupture-Surgical	\$807	\$160	\$120	\$—	\$336
3202 Splenic Torsion-Surgical	807	160	100	—	565
3203 Splenectomy	—	—	—	—	623
3204 Splenomegaly-Medical	154	160	—	—	108
3205 Neoplasia, Spleen-Surgical	801	160	100	300/1200*	561
8320 Secondary Tests (Spleen)**	—	—	—	—	104

IMMUNOLOGY (3300)

3302 Systemic Lupus Erythematosus	\$166	\$90	\$79	\$—	\$116
3303 Rheumatoid Arthritis	240	90	—	—	168
3304 Polyarthritis	264	90	—	—	185
8330 Secondary Tests (Immune)**	—	—	—	—	59

SPECIAL PROCEDURES

1000 Euthanasia	\$—	\$—	\$—	\$—	\$74
7000 Secondary Anesthesia Benefit***	—	—	—	—	80

***Secondary anesthesia benefits may be used for Specialized Diagnostic Tests when applicable.

SPECIALIZED DIAGNOSTIC TESTS ****

Allergin Test	\$135
Contrast Radiographs	150
CT Scan	800
Endoscopy	150
MRI Scan	800
Myelogram	135
Nuclear Imaging/Thyroid Scan	300
Spinal Tap/Culture & Analysis	90
Ultrasound/Echocardiogram	150

****This allowance is in addition to the maximum Diagnostic Allowances as listed for each diagnosis. Maximum benefit for Specialized Diagnostic Tests is \$1000 per incident.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT—ARKANSAS

The **TERMINATION OF INSURANCE** section is replaced by:

10. TERMINATION OF INSURANCE

- A. **You** may cancel **your** policy at any time by notifying **us** in writing.
- B. **We** may cancel this policy by letting **you** know in writing of the date cancellation takes effect. This cancellation notice may be delivered to **you**, or mailed to **you** at **your** mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

- (1) When **you** have not paid the premium, **we** may cancel at any time by letting **you** know at least ten (10) days before the date cancellation takes effect.
- (2) When this policy has been in effect for sixty (60) days or more, or at any time if it is a renewal with **us**, **we** may cancel:
 - (a) Upon discovery of fraud or material misrepresentation made by or with the knowledge of the policyholder in obtaining or continuing the policy, or in presenting a claim under this policy;
 - (b) Upon the occurrence of a material change in the risk which substantially increases any hazard insured against after insurance coverage has been issued;
 - (c) If there is a violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property which substantially increases any hazard insured against;
 - (d) For nonpayment of membership dues required by **us** as a condition of the issuance and maintenance of the policy; or
 - (e) In the event of a material violation of a material provision of this policy.

- C. This can be done by letting **you** know at the last address known by **us** at least twenty (20) days before the date cancellation takes effect. The cancellation will be effective as of the date shown on the Cancellation Notice. The mailing of notice is sufficient proof of notice of cancellation. Delivery of notice shall be equivalent to mailing.
- D. **We** will refund unearned premiums on a prorated basis if either **you** or **we** cancel **your** policy.
- E. The policy will lapse if **you** do not pay **your** renewal premium when due.
- F. **We** may elect not to renew this policy. **We** may do so by delivering to **you**, or mailing to **you** at **your** mailing address shown in the Declarations, written notice at least thirty (30) days before the expiration date of this policy. Proof of mailing will be sufficient proof of notice.

AUTHORIZED REPRESENTATIVE

DATE

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07-09-2007

Comments:

Attachments:

pctd1forms.pdf

ffs1 AR.pdf

Satisfied -Name: VS-2

Review Status: Approved 07-09-2007

Comments:

Attachment:

vs2.pdf

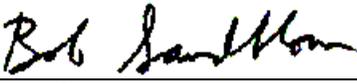
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only				
	a. Date the filing is received:				
	b. Analyst:				
	c. Disposition:				
	d. Date of disposition of the filing:				
	e. Effective date of filing:				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">New Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Renewal Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #		
Nationwide	140		
4. Company Name(s)	Domicile	NAIC #	FEIN #
National Casualty Company	WI	11991	38-0865250

5. Company Tracking Number	VPI03797NCF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Bob Sandblom PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst II	800 423-7675 x3003		sandblr@scottsdaleins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Bob Sandblom		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0004 Pet Insurance Plans
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Veterinary Pet Insurance
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: on approval Renewal: 60 days later

Property & Casualty Transmittal Document—

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	June 29, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	VPI03797NCF01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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National Casualty Company is submitting new forms for use with our Veterinary Pet Insurance program. We request that this filing be approved for use with new business on approval and for renewals 60 days later. The corresponding manual pages have been submitted as separate filing number TH03797NCR01.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE**(This form must be provided ONLY when making a filing that includes forms)**(Do not refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #	VPI03797NCF01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	VPI03797NCR01			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Standard Plan Benefit Schedule	VS-9 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-9 (8-02)	
02	Superior Plan Benefit Schedule	VS-20 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-20 (8-02)	
03	VPI Superior Plan Coverage Form	VS-21 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-21 (8-02)	
04	Amendatory Cancer Rider (Standard)	VS-28 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-28 (8-00)	
05	Amendatory Cancer Rider (Superior)	VS-30 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-30 (8-00)	
06	Pet Wellcare Protection Premier Coverage Rider	VS-79 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-79 VS-36 (8-00)	
07	Pet Wellcare Protection Core Coverage Rider	VS-80 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-80 VS-36 (8-00)	
08	VPI Standard Plan Coverage Form	VS-G-1 (4-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	VS-G-1 (8-02)	
09	Amendatory Endorsement – Arkansas	VS-82-AR (4-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		



NATIONAL CASUALTY COMPANY

Home Office: Madison, WI 53703-2783
A Stock Company
Administrative Office: 8877 N. Gainey Center Dr., Scottsdale, AZ 85258
1-800-423-7675

DVM Insurance Agency

3060 Saturn Street
Brea, CA 92821
800-540-2016
714-989-0555

DECLARATIONS PAGE – ATTACH TO YOUR POLICY

POLICY NO:
PLAN:
PET NAME:
SPECIES:
BREED:
COLOR(S):
SEX:
AGE:

EFFECTIVE DATE:
12:01 AM
EXPIRATION DATE:
12:01 AM
DEDUCTIBLE:
BASE PREMIUM:
[print only if applicable] <Name of Routine Care Coverage spelled out>:
[print only if applicable] <Double Cancer Coverage>:
[print only if applicable] <Hereditary & Congenital Coverage>:
LOST & FOUND FEE:
TOTAL COST OF POLICY:
<payment program> Payment Processing Fee:
<payment program> INSTALLMENT:

Exclusions to the policy:
(See Veterinary Services Benefit Schedule for definitions)

Forms & Riders:

The insurance protection you have selected for your pet is defined below.

You have selected the following coverage:

[print only if applicable] <Plan Name spelled out>
[print only if applicable] <Name of Routine Care Coverage spelled out>
[print only if applicable] <Double Cancer Coverage>
[print only if applicable] <Hereditary & Congenital Coverage>

[print only if applicable] **You have NOT selected the following coverage** – For details or to enroll in any of the coverages listed below, please call us toll free at <applicable 800#>

[print only if applicable] <Plan Name spelled out – call for details>
[print only if applicable] <Name of Routine Care Coverage spelled out>
[print only if applicable] <Double Cancer Coverage>
[print only if applicable] <Hereditary & Congenital Coverage>

[print only if applicable] You have selected our convenient automatic <payment program> payment program. Your <payment program> premium of <\$_premium> will be charged to your credit/debit card <payment program>. The amount includes a \$2.00 <payment program> processing fee.

[print only if applicable] You have selected our convenient automatic withdrawal from checking as your method of payment. Your <payment program> premium of <\$_premium> will be debited from your account on the <Date> or the nearest business day. The amount includes a \$2.00 <payment program> processing fee.

Authorized Signature

National Casualty Company

Home Office: Madison, WI 53703-2783

A Stock Company

Administrative Office: 8877 N. Gainey Center Drive, Scottsdale, AZ 85258 • 800-423-7675

The policy will continue for successive policy terms as follows. Subject to the consent of National Casualty Company and subject to the premiums, rules and forms then in effect for National Casualty Company, this policy may be continued in force by payment of the required renewal premium for each successive policy term. Such renewal premium must be paid to National Casualty Company prior to expiration of the then current policy term and if not so paid the policy shall terminate.

DECLARATIONS PAGE – ATTACH TO YOUR POLICY

DIRECT ALL INQUIRIES AND CLAIMS TO:

DVM Insurance Agency

3060 Saturn Street • Brea, CA 92821 • 714-989-0555 • 800-540-2016
