

SERFF Tracking Number: AGNY-125754619 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01 (A)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)

Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision) SERFF Tr Num: AGNY-125754619 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.0022 Other Co Tr Num: AIC-08-IM-01 (A) State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi

Author: Lakesha Houser Disposition Date: 08/08/2008

Date Submitted: 07/30/2008 Disposition Status: Approved

Effective Date Requested (New): 08/30/2008 Effective Date (New): 08/30/2008

Effective Date Requested (Renewal): 08/30/2008 Effective Date (Renewal): 08/30/2008

State Filing Description:

Received from ER on 8/8/08.

TOI is 9.0004

General Information

Project Name: Purina Care Policy Revision

Project Number: AIC-08-IM-01 (a)

Reference Organization: NA

Reference Title: NA

Filing Status Changed: 08/08/2008

State Status Changed: 08/08/2008

Corresponding Filing Tracking Number:

Filing Description:

New Hampshire Insurance Company submits for your review and approval the revised (2) PurinaCare Pet Health Policies to be used with the Pet Health Policy Program filed 3-5-2008 under SERFF Tracking Number AGNY-

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: NA

Advisory Org. Circular: NA

Deemer Date:

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 Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)
 125440526.

Company and Contact

Filing Contact Information

Lakesha Houser,
 175 Water Street - 17th Floor
 New York, NY 10038

lakesha.houser@aig.com
 (212) 458-5950 [Phone]
 (212) 458-7077[FAX]

Filing Company Information

New Hampshire Insurance Company
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]

CoCode: 23841
 Group Code:
 Group Name:
 FEIN Number: 02-0172170

State of Domicile: Pennsylvania
 Company Type:
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$50.00	07/30/2008	21679970

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/08/2008	08/08/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	08/08/2008	08/08/2008	Lakesha Houser	08/08/2008	08/08/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
PURINACAR Form E PET HEALTH INSURANCE PLUS PREVENTITV E CARE BENEFITS		Lakesha Houser	08/07/2008	08/07/2008
PURINACAR Form E PET HEALTH INSURANCE		Lakesha Houser	08/07/2008	08/07/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
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SERFF Tracking Number: AGNY-125754619 State: Arkansas
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Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
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THIS FILING IS TO BE FILED UNDER Note To Reviewer Lakesha Houser 08/08/2008 08/08/2008
09.0004

WITHDRAWAL OF FILING Note To Reviewer Lakesha Houser 08/08/2008 08/08/2008

SERFF Tracking Number: *AGNY-125754619* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-IM-01 (A)*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0022 Other*
Product Name: *PurinaCare Pet Health Insurance Services Inc. (policy revision)*
Project Name/Number: *Purina Care Policy Revision/AIC-08-IM-01 (a)*

Disposition

Disposition Date: 08/08/2008

Effective Date (New): 08/30/2008

Effective Date (Renewal): 08/30/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125754619 State: Arkansas
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 Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form (revised)	PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS	Approved	Yes
Form	PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS		Yes
Form	PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS		Yes
Form (revised)	PURINACARE PET HEALTH INSURANCE	Approved	Yes
Form	PURINACARE PET HEALTH INSURANCE		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/08/2008
Submitted Date 08/08/2008

Respond By Date

Dear Lakesha Houser,

This will acknowledge receipt of the captioned filing.

Objection 1

- PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS (Form)

Comment: I was unable to determine the changes to this form. The blackline version did not contain any mark-ups.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/08/2008
Submitted Date 08/08/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: I apologize. Please see the blackline for 96976 (7/08).

Related Objection 1

Applies To:

- PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS (Form)

Comment:

I was unable to determine the changes to this form. The blackline version did not contain any mark-ups.

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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
 Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
 Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS	96976	7/08	Policy/Coverage Form	Replaced	AIC-08-IM-01	0	96976_7 08_NHIC Preventive Care Policy.pdf, 96976 blackline.pdf
Previous Version							
PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS	96976	7/08	Policy/Coverage Form	Replaced	AIC-08-IM-01	0	96976_7 08_NHIC Preventive Care Policy.pdf, 96976 blackline.pdf
PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS	96976	7/08	Policy/Coverage Form	Replaced	AIC-08-IM-01	0	96976_7 08_NHIC Preventive Care Policy.pdf

No Rate/Rule Schedule items changed.

Sincerely,

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Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01 (A)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)
Lakesha Houser

SERFF Tracking Number: AGNY-125754619 State: Arkansas
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Company Tracking Number: AIC-08-IM-01 (A)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)

Note To Reviewer

Created By:

Lakesha Houser on 08/08/2008 10:19 AM

Subject:

THIS FILING IS TO BE FILED UNDER 09.0004

Comments:

please disregard the withdrawal previously placed on SERFF.

Please note this filing is to be filed under Pet Health Insurance 09.0004 not other liability.

As confirmed, the TOI will remain other liability as it can not be changed on SERFF. this filing will be filed though under Pet Health Insurance 09.0004

For more reference please note this filing is to revise the Pet Health policies submitted under AGNY-125440526 filed effective 3-5-2008.

Thank you help.

Please contact me at 212-458-5950 with any questions .

Sincerely,

Lakesha Houser

SERFF Tracking Number: *AGNY-125754619* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-IM-01 (A)*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0022 Other*
Product Name: *PurinaCare Pet Health Insurance Services Inc. (policy revision)*
Project Name/Number: *Purina Care Policy Revision/AIC-08-IM-01 (a)*

Note To Reviewer

Created By:

Lakesha Houser on 08/08/2008 10:07 AM

Subject:

WITHDRAWAL OF FILING

Comments:

Per our phone conversation earlier this morning we've determined this filing has been submitted under the wrong line of insurance.

We wish to withdraw the captioned filing from further consideration, without prejudice. Please be advised that this does not preclude a resubmission at a later date.

Acknowledgement upon receipt is respectfully requested.

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 Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
 Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)

Amendment Letter

Amendment Date:
 Submitted Date: 08/07/2008

Comments:

Please see the blacklines for the revised policies

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
PURINACA RE PET HEALTH INSURANCE PLUS PREVENTIVE CARE BENEFITS	96976	7/08	Policy/Coverage Form	Replaced	96976 (1/08)	AIC-08-IM-01	0	96976_7 08_NHIC Preventive Care Policy.pdf 96976 blackline.pdf
PURINACA RE PET HEALTH INSURANCE	96975	7/08	Policy/Coverage Form	Replaced	96975 (1/08)	AIC-08-IM-01	0	96975_7 08_NHbasicpolicy .pdf 96975_1 08_blackline .pdf

SERFF Tracking Number: AGNY-125754619 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS	96976	7/08	Policy/Cove	Replaced rage Form	Replaced Form #:0.00 96976 (1/08) Previous Filing #: AIC-08-IM-01		96976 _7 08_NHIC Preventive Care Policy.pdf 96976 blackline.pdf
Approved	PURINACARE PET HEALTH INSURANCE	96975	7/08	Policy/Cove	Replaced rage Form	Replaced Form #:0.00 96975 (1/08) Previous Filing #: AIC-08-IM-01		96975 _7 08_ NHbasicpolic y.pdf 96975 _1 08_blackline .pdf

NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

**PurinaCare Pet Health Insurance
Plus Preventive Care Benefits**

I. DEFINITIONS

The **“Policy”** shall mean this PurinaCare Pet Health Insurance Policy.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

When used in the **“Policy”**, **“Preventive Care Benefits”** shall mean and is limited to those specific Preventive Care services, medications, tests, and other treatments and the corresponding maximum annual payable amounts that are identified in the table in Article IX below in the **“Policy”**.

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

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

When used in the **“Policy”**, **“Complete Claim(s)”** shall mean that all information necessary to process a claim has been submitted by **“You”** and received by **“Us”**

(including paid invoices, completed claims form, and medical records from all **“Veterinarians”** if requested by **“Us”**).

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

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

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

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

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

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

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

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

II. INSURING CLAUSE

When **“You”** pay **“Your”** premium, **“We”** will provide insurance coverage and **“Benefits”** for **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and **“Eligible Services”** for **“Your”** dog or cat named on the Declaration Page. The **“Benefits”**, exclusions, conditions, and limitations are explained below. **“We”** will pay only those **“Eligible Services”** and **“Preventive Care**

Benefits” that are performed during the **“Policy”** term. **“Benefits”** are paid subject to all the **“Policy”** exclusions and conditions.

III. EFFECTIVE DATE

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

IV. EXCLUSIONS

- All **“Pre-existing Conditions”**
- All **“Preventive Care”** services, medications, tests, and other treatments that are NOT identified in the **“Preventive Care Benefits”** table in Article IX below in the **“Policy”**.
- **Breeding, Fertility, and Pregnancy including any related issues and complications**
- **Alternative Care, including but not limited to** chiropractic care, acupuncture, and muscle manipulation, unless prescribed and performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **Cosmetic and Elective Procedures - including but not limited to:** Ear Cropping, Tail Docking, Debarking, Nail trimming, Dewclaw Removal, Declawing of Cats or Dogs, Tattooing, any Cosmetic procedures, Disarming (cutting and capping teeth) Orthodontics or Cosmetic Dentistry.
- **“Training”** – even if prescribed or performed by a **“Licensed Veterinarian”**.
- **All pet foods for any reason.**
- **All Nutritional supplements**, vitamins, nutraceuticals, holistic medications, herbs, and natural remedies for any reason even if prescribed by a **“Licensed Veterinarian”**.
- **Grooming, bathing for any reason, and dipping;** however, dipping for the eligible treatment of Scabies and Demodex is covered if performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **“Boarding”**
- **Preventable Conditions are excluded unless “You”** provide **“Preventive Care”** according to **“Your” “Veterinarian’s”** recommendations for vaccinations and other **“Preventative Care”** (included but not limited to: Parvovirus, Canine and Feline Distemper, Kennel Cough, Heartworms, Feline Leukemia). Failure to follow **“Your” “Veterinarian’s”** documented recommendation(s) may result in denial of a claim.

- **“Accident(s)” or Injuries** intentionally inflicted or intentionally caused by **“You”**.
- **Dogs and Cats under 8 weeks of age**
- **“Accident(s)”** that occur before 12:01 AM on the 3rd day following the Effective Date
- **“Illness(es)”** that manifest themselves before 12:01 AM on the 15th day following the Effective Date

V. INSURED DUTIES

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

“You” agree to submit **“Complete Claims”** within 60 days following the expiration date for the **“Policy”** term under which the **“Eligible Services”** or **“Preventive Care Benefits”** are provided.

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

- **“Annual Deductible”** – the **“Annual Deductible”** **“You”** have chosen is listed on the Declaration Page. Claims submitted by **“You”** for **“Eligible Services”** and **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) covered by this **“Policy”** will be applied to the **“Deductible”** first until the **“Annual Deductible”** is satisfied.
- Co-Pay – Once the full **“Annual Deductible”** is satisfied by **“You”**, **“We”** will pay 80% of the **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and 80% of the **“Usual and Customary”** value of the claims submitted for **“Eligible Services,”** in all instances up to the limits of the **“Policy”**.

As directed by **“Our”** underwriting guidelines, **“We”** reserve the right to investigate claims filed for **“Eligible Service(s)”** and **“Preventive Care Benefits”** that are questionable in nature. To help identify claims made for non-disclosed, **“Pre-existing Conditions”**, whether intentional or unintentional, **“We”** may investigate claims based upon any of the following:

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

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

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

VII. CLAIMS REVIEW

If a claim is denied, **“You”** or the attending **“Veterinarian”** may request a review.

The request must be in writing.

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

A pet can have only one issued PurinaCare Pet Health Insurance “Policy” at anytime.

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

This “Policy” will not provide payment for accidental injury or “Illness” caused directly or indirectly by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination, j) pandemic conditions.

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

IX. PREVENTIVE CARE BENEFITS

Maximum Amount Payable Annually for “Preventive Care Benefits”.
The “Preventive Care Benefits” must be administered by or under the direct or indirect supervision of a “Licensed Veterinarian” in a “Clinical Setting.”

	Dogs:	Cats:
Annual adult vaccinations and Preventive Care examination (pets > 9 months old (see note 1 below))	\$150.00	\$150.00
Annual Fecal Analysis and Routine Deworming Combined	\$40.00	\$40.00
Annual Preventive Care Blood Panel	\$75.00	\$75.00
Annual Preventive Care Urinalysis	\$35.00	\$35.00
Annual Heartworm test	\$40.00	\$40.00
Dental Scaling/Polishing (see note 3 below)	\$200.00	\$200.00
Heartworm medication (see note 2 below)	12 month supply	12 month supply
Flea Prevention (see note 2 below)	12 month supply	12 month supply
Puppy vaccine series (pets < 9 months old.) (see note 1 below)	\$250.00	
Kitten vaccine series (pets < 9 months old.)		\$250.00

(see note 1 below)		
Neuter (see note 3 below)	\$100.00	\$75.00
Spay (see note 3 below)	\$150.00	\$100.00
Microchip implant	\$50.00	\$50.00

Notes to “Preventive Care Benefits” Chart

1. Puppy and kitten vaccine series and annual adult vaccinations limits include the physical examination and any vaccinations administered by a **“Licensed Veterinarian”** in a **“Clinical Setting”**. **“Benefits”** for any **“Policy”** period are limited to either a puppy/kitten vaccine series or an adult annual vaccine depending on age of the pet, but not both.
2. We will cover up to 12 monthly doses of Heartworm Preventative **and** 12 monthly doses of a Flea Control, **or** 12 monthly doses of a combination heartworm/flea control product purchased from a **“Licensed Veterinarian”** in a **“Clinical Setting”** subject to **“Usual & Customary”** costs.
3. Includes pre-procedure examination, pre-procedure lab, anesthesia, **“Hospitalization”**, the procedure, and all aftercare.

X. POLICY TRANSFER

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

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

XI. CHANGING DEDUCTIBLES DURING A POLICY PERIOD

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

XII. DECLARATIONS

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

XIII. MONEY BACK GUARANTEE

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

XIV. TERMINATION OF INSURANCE

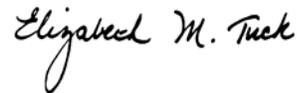
“You” may cancel your **“Policy”** anytime by giving written notice to **“Us”**. The effective cancellation date is the date that **“We”** receive written notice.

“We” may cancel **“Your”** **“Policy”** subject to State regulations, by notifying **“You”** in writing, for **“Your”** failure to pay premium owed by due date, **“Your”** concealment or failure to disclose **“Pre-Existing Conditions”** during enrollment, or **“Our”** subsequent finding that **“Your”** pet has an **“Uninsurable Condition”** or **“Non-enrollable Condition”** that was present at enrollment, **“Your”** misrepresentation or fraud in securing coverage in the application process or in the claims process, or **“Your”** failure to cooperate in **“Our”** attempt to investigate a claim. Unearned premium will be refunded to **“You”** on a pro-rata basis.

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



PRESIDENT



SECRETARY

NEW HAMPSHIRE INSURANCE COMPANY

70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

PurinaCare Pet Health Insurance
Plus Preventive Care Benefits

I. DEFINITIONS

- | The **"Policy"** shall mean this PurinaCare Pet Health Insurance Policy. Deleted: When used in the policy,
- | When used in the **"Policy"**, **"We"** or **"Us"** or **"Our"** shall mean the insurance company providing this insurance as identified on the Declaration Page. Deleted: policy
- | When used in the **"Policy"**, **"You"** or **"Your"** shall mean the Policyholder named on the Declaration Page. Deleted: policy
- | When used in the **"Policy"**, **"Veterinarian"** or **"Licensed Veterinarian"** shall mean a properly licensed veterinarian in the state in which services are rendered. Deleted: policy
- | When used in the **"Policy"**, **"Veterinary Hospital"** or **"Veterinary Clinic"** shall mean the physical location where pets are treated and treatment records are maintained. Deleted: policy
- | When used in the **"Policy"**, **"Clinical Setting"** means in a **"Veterinary Hospital"** or **"Veterinary Clinic"** facility under the direct or indirect supervision of a **"Licensed Veterinarian"**. Deleted: policy
- | When used in the **"Policy"**, **"Pre-existing Condition(s)"** shall refer to the time prior to **"Your"** initial **"Policy"** effective date, and any subsequent time period during which a lapse of coverage occurs, and shall mean any **"Illness"**, symptom(s), sign(s), disease(s), health condition(s), injury(s), or **"Accident(s)"** that:
 - Has occurred; appeared; happened;
 - Has shown or is showing clinical signs;
 - Is or has been known by **"You"** and/or **"Your"** **"Veterinarian"**
 A condition, **"Illness"**, injury or disease may be considered Pre-existing:
 - Whether or not it was specifically diagnosed by a **"Licensed Veterinarian"**
 - Whether or not it was treated by a **"Licensed Veterinarian"**
 - Is in remission at the time of applicationDeleted: policy

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

Deleted: policy

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

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

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

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

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When used in the “Policy”, “Preventive Care Benefits” shall mean and is limited to those specific Preventive Care services, medications, tests, and other treatments and the corresponding maximum annual payable amounts that are identified in the table in Article IX below in the “Policy”.

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

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

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When used in the “Policy”, “Complete Claim(s)” shall mean that all information necessary to process a claim has been submitted by “You” and received by “Us”

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(including paid invoices, completed claims form, and medical records from all "Veterinarians" if requested by "Us").

When used in the "Policy", "Benefit(s)" shall mean the dollar amount reimbursed for "Eligible Services" and "Preventive Care Benefits" covered by the "Policy" during the term of the "Policy".

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When used in the "Policy", "Deductible" or "Annual Deductible" shall mean the cost associated with claims submitted by "You" for "Eligible Services" and "Preventive Care Benefits" which "You" are responsible for paying first, up to the "Annual Deductible" level you have chosen on the Declaration Page, before "Benefits" are paid by the "Policy".

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When used in the "Policy", "Prescription" shall mean drugs controlled by the Food and Drug Administration (FDA) requiring a "Licensed Veterinarian's" authorization and "Prescription" for purchase and use by "You" for "Your" pet.

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When used in the "Policy", "Training" is defined as standard or routine behavior modification for obedience and other common purposes.

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

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

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

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

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II. INSURING CLAUSE

When "You" pay "Your" premium, "We" will provide insurance coverage and "Benefits" for "Preventive Care Benefits" (up to the applicable annual limits set forth in the chart below in Article IX) and "Eligible Services" for "Your" dog or cat named on the Declaration Page. The "Benefits", exclusions, conditions, and limitations are explained below. "We" will pay only those "Eligible Services" and "Preventive Care

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Benefits that are performed during the **Policy** term. **Benefits** are paid subject to all the **Policy** exclusions and conditions.

III. EFFECTIVE DATE

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

IV. EXCLUSIONS

- All **Pre-existing Conditions**
- All **Preventive Care** services, medications, tests, and other treatments that are NOT identified in the Preventive Care Benefits table in Article IX below in the **Policy**.
- **Breeding, Fertility, and Pregnancy including any related issues and complications**
- **Alternative Care, including but not limited to** chiropractic care, acupuncture, and muscle manipulation, unless prescribed and performed by a **Licensed Veterinarian** in a **Clinical Setting**.
- **Cosmetic and Elective Procedures - including but not limited to:** Ear Cropping, Tail Docking, Debarking, Nail trimming, Dewclaw Removal, Declawing of Cats or Dogs, Tattooing, any Cosmetic procedures, Disarming (cutting and capping teeth) Orthodontics or Cosmetic Dentistry.
- **Training** – even if prescribed or performed by a **Licensed Veterinarian**.
- **All pet foods for any reason.**
- **All Nutritional supplements, vitamins, nutraceuticals, holistic medications, herbs, and natural remedies for any reason even if prescribed by a **Licensed Veterinarian**.**
- **Grooming, bathing for any reason, and dipping;** however, dipping for the eligible treatment of Scabies and Demodex is covered if performed by a **Licensed Veterinarian** in a **Clinical Setting**.
- **Boarding**
- **Preventable Conditions are excluded unless **You** provide **Preventive Care** according to **Your** **Veterinarian's** recommendations for vaccinations and other **Preventative Care** (included but not limited to: Parvovirus, Canine and Feline Distemper, Kennel Cough, Heartworms, Feline Leukemia). Failure to follow **Your** **Veterinarian's** documented recommendation(s) may result in denial of a claim.**

Comment [dbg1]: Inserted virus to Parvo

- **“Accident(s)” or Injuries** intentionally inflicted or intentionally caused by **“You”**.
- **Dogs and Cats under 8 weeks of age**
- **“Accident(s)”** that occur before 12:01 AM on the 3rd day following the Effective Date
- **“Illness(es)”** that manifest themselves before 12:01 AM on the 15th day following the Effective Date

V. INSURED DUTIES

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

“You” agree to submit **“Complete Claims”** within 60 days following the expiration date for the **“Policy”** term under which the **“Eligible Services”** or **“Preventive Care, Benefits”** are provided.

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

- **“Annual Deductible”** – the **“Annual Deductible”** **“You”** have chosen is listed on the Declaration Page. Claims submitted by **“You”** for **“Eligible Services”** and **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) covered by this **“Policy”** will be applied to the **“Deductible”** first until the **“Annual Deductible”** is satisfied.
- Co-Pay – Once the full **“Annual Deductible”** is satisfied by **“You”**, **“We”** will pay 80% of the **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and 80% of the **“Usual and Customary”** value of the claims submitted for **“Eligible Services,”** in all instances up to the limits of the **“Policy”**.

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As directed by **“Our”** underwriting guidelines, **“We”** reserve the right to investigate claims filed for **“Eligible Service(s)”** and **“Preventive Care Benefits”** that are questionable in nature. To help identify claims made for non-disclosed, **“Pre-existing Conditions”**, whether intentional or unintentional, **“We”** may investigate claims based upon any of the following:

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

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

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

VII. CLAIMS REVIEW

If a claim is denied, **“You”** or the attending **“Veterinarian”** may request a review.

The request must be in writing.

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

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

Deleted: policy

Other Insurance – this "Policy" is in excess over any other pet insurance policy.

This "Policy" will not provide payment for accidental injury or "Illness" caused directly or indirectly by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination, j) pandemic conditions.

Coverage for the costs of "Eligible Services" and for "Prescription" costs is limited to amounts no greater than the amount that is considered "Usual and Customary" for such service or cost.

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IX. PREVENTIVE CARE BENEFITS

Maximum Amount Payable Annually for "Preventive Care Benefits"; The "Preventive Care Benefits" must be administered by or under the direct or indirect supervision of a "Licensed Veterinarian" in a "Clinical Setting."

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	Dogs:	Cats:
Annual adult vaccinations and Preventive Care examination (pets > 9 months old (see note 1 below)	\$150.00	\$150.00
Annual Fecal Analysis and Routine Deworming Combined	\$40.00	\$40.00
Annual Preventive Care Blood Panel	\$75.00	\$75.00
Annual Preventive Care Urinalysis	\$35.00	\$35.00
Annual Heartworm test	\$40.00	\$40.00
Dental Scaling/Polishing (see note 3 below)	\$200.00	\$200.00
Heartworm medication (see note 2 below)	12 month supply	12 month supply
Flea Prevention (see note 2 below)	12 month supply	12 month supply
Puppy vaccine series (pets < 9 months old.) (see note 1 below)	\$250.00	
Kitten vaccine series (pets < 9 months old.)		\$250.00

Deleted: Examination

(see note 1 below)		
Neuter (see note 3 below)	\$100.00	\$75.00
Spay (see note 3 below)	\$150.00	\$100.00
Microchip implant	\$50.00	\$50.00

Notes to “Preventive Care Benefits” Chart

1. Puppy and kitten vaccine series and annual adult vaccinations limits include the physical examination and any vaccinations administered by a “Licensed Veterinarian” in a “Clinical Setting”. “Benefits” for any “Policy” period are limited to either a puppy/kitten vaccine series or an adult annual vaccine depending on age of the pet, but not both.

2. We will cover up to 12 monthly doses of Heartworm Preventative and 12 monthly doses of a Flea Control, or 12 monthly doses of a combination heartworm/flea control product purchased from a “Licensed Veterinarian” in a “Clinical Setting” subject to “Usual & Customary” costs.

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3. Includes pre-procedure examination, pre-procedure lab, anesthesia, “Hospitalization”, the procedure, and all aftercare.

X. POLICY TRANSFER

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

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

XI. CHANGING DEDUCTIBLES DURING A POLICY PERIOD

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

XII. DECLARATIONS

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

XIII. MONEY BACK GUARANTEE

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

XIV. TERMINATION OF INSURANCE

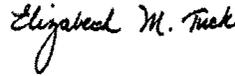
"You" may cancel your "Policy" anytime by giving written notice to "Us". The effective cancellation date is the date that "We" receive written notice.

"We" may cancel "Your" "Policy" subject to State regulations, by notifying "You" in writing, for "Your" failure to pay premium owed by due date, "Your" concealment or failure to disclose "Pre-Existing Conditions" during enrollment, or "Our" subsequent finding that "Your" pet has an "Uninsurable Condition" or "Non-enrollable Condition" that was present at enrollment, "Your" misrepresentation or fraud in securing coverage in the application process or in the claims process, or "Your" failure to cooperate in "Our" attempt to investigate a claim. Unearned premium will be refunded to "You" on a pro-rata basis.

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



PRESIDENT



SECRETARY

Deleted: 1

NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

PurinaCare Pet Health Insurance

I. DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. INSURING CLAUSE

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

III. EFFECTIVE DATE

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

IV. EXCLUSIONS

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

V. INSURED DUTIES

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

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

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

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

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

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

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

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

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

VII. CLAIMS REVIEW

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

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

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

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

This **“Policy”** will not provide payment for accidental injury or **“Illness”** caused directly or indirectly by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination, j) pandemic conditions.

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

IX. POLICY TRANSFER

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

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

X. CHANGING DEDUCTIBLES DURING A POLICY PERIOD

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

XI. DECLARATIONS

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

XII. MONEY BACK GUARANTEE

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

XIII. TERMINATION OF INSURANCE

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

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

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

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



PRESIDENT



SECRETARY

NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

PurinaCare Pet Health Insurance

I. DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. INSURING CLAUSE

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

III. EFFECTIVE DATE

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

Deleted: that

IV. EXCLUSIONS

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

V. INSURED DUTIES

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

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

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

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

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

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

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

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

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

VII. CLAIMS REVIEW

If a claim is denied, **“You”** or the attending **“Veterinarian”** may request a review.

The request must be in writing.

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

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

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

XI. DECLARATIONS

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

XII. MONEY BACK GUARANTEE

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

XIII. TERMINATION OF INSURANCE

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

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

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

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



PRESIDENT



SECRETARY

SERFF Tracking Number: AGNY-125754619 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-IM-01 (A)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/08/2008

Comments:

Attachment:

P&C TRANSMITTAL FORM.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: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
AMERICAN INTERNATIONAL GROUP INC.,	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
NEW HAMSHIRE INSURANE COMPANY	PA	23841	02-172170	

5. Company Tracking Number	AIC-08-IM-01 (A)
-----------------------------------	------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Lakesha Houser	Filing Analyst	212-458-5950	212-458-7077	LAKESHA.HOUSER@AIG.COM
	175 WATER STREET-17 TH NEW YORK, NY 10038				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		LAKESHA HOUSER		

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)	09.004 PET INSURANCE PLANS
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 8-30-2008 Renewal: 8-30-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	7-30-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-08-IM-01 (A)
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New Hampshire Insurance Company submits for your review and approval the revised (2) PurinaCare Pet Health Policies to be used with the Pet Health Policy Program filed 3-5-2008 under SERFF Tracking Number AGNY-125440526.

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]
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Check #: EFT UTILIZED AS PAYMENT
Amount: 50.00

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

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, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-08-IM-01
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	AIC-08-IM-01
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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	PurinaCare Pet Health Insurance Plus Preventative Care Benefits Policy	• 96976 (7/08)	[] New [X] Replacement [] Withdrawn	96976 (1/08)	
02	PurinaCare Pet Health Insurance Benefits Policy	• 96975 (7/08)	[] New [X] Replacement [] Withdrawn	96975 (1/08)	
03			[x] New [] Replacement [] Withdrawn		
04			[x] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1

SERFF Tracking Number: AGNY-125754619 State: Arkansas
 Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AIC-08-IM-01 (A)
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
 Product Name: PurinaCare Pet Health Insurance Services Inc. (policy revision)
 Project Name/Number: Purina Care Policy Revision/AIC-08-IM-01 (a)

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS	08/07/2008	96976 _7 08_NHIC Preventive Care Policy.pdf 96976 blackline.pdf
No original date	Form	PURINACARE PET HEALTH INSURANCE PLUS PREVENTITVE CARE BENEFITS	07/30/2008	96976 _7 08_NHIC Preventive Care Policy.pdf
No original date	Form	PURINACARE PET HEALTH INSURANCE	07/30/2008	96975 _7 08_ NHbasicpolicy.pdf

NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

**PurinaCare Pet Health Insurance
Plus Preventive Care Benefits**

I. DEFINITIONS

The **“Policy”** shall mean this PurinaCare Pet Health Insurance Policy.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

When used in the **“Policy”**, **“Preventive Care Benefits”** shall mean and is limited to those specific Preventive Care services, medications, tests, and other treatments and the corresponding maximum annual payable amounts that are identified in the table in Article IX below in the **“Policy”**.

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

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

When used in the **“Policy”**, **“Complete Claim(s)”** shall mean that all information necessary to process a claim has been submitted by **“You”** and received by **“Us”**

(including paid invoices, completed claims form, and medical records from all **“Veterinarians”** if requested by **“Us”**).

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

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

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

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

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

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

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

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

II. INSURING CLAUSE

When **“You”** pay **“Your”** premium, **“We”** will provide insurance coverage and **“Benefits”** for **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and **“Eligible Services”** for **“Your”** dog or cat named on the Declaration Page. The **“Benefits”**, exclusions, conditions, and limitations are explained below. **“We”** will pay only those **“Eligible Services”** and **“Preventive Care**

Benefits” that are performed during the **“Policy”** term. **“Benefits”** are paid subject to all the **“Policy”** exclusions and conditions.

III. EFFECTIVE DATE

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

IV. EXCLUSIONS

- All **“Pre-existing Conditions”**
- All **“Preventive Care”** services, medications, tests, and other treatments that are NOT identified in the **“Preventive Care Benefits”** table in Article IX below in the **“Policy”**.
- **Breeding, Fertility, and Pregnancy including any related issues and complications**
- **Alternative Care, including but not limited to** chiropractic care, acupuncture, and muscle manipulation, unless prescribed and performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **Cosmetic and Elective Procedures - including but not limited to:** Ear Cropping, Tail Docking, Debarking, Nail trimming, Dewclaw Removal, Declawing of Cats or Dogs, Tattooing, any Cosmetic procedures, Disarming (cutting and capping teeth) Orthodontics or Cosmetic Dentistry.
- **“Training”** – even if prescribed or performed by a **“Licensed Veterinarian”**.
- **All pet foods for any reason.**
- **All Nutritional supplements**, vitamins, nutraceuticals, holistic medications, herbs, and natural remedies for any reason even if prescribed by a **“Licensed Veterinarian”**.
- **Grooming, bathing for any reason, and dipping;** however, dipping for the eligible treatment of Scabies and Demodex is covered if performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **“Boarding”**
- **Preventable Conditions are excluded unless “You”** provide **“Preventive Care”** according to **“Your” “Veterinarian’s”** recommendations for vaccinations and other **“Preventative Care”** (included but not limited to: Parvovirus, Canine and Feline Distemper, Kennel Cough, Heartworms, Feline Leukemia). Failure to follow **“Your” “Veterinarian’s”** documented recommendation(s) may result in denial of a claim.

- **“Accident(s)” or Injuries** intentionally inflicted or intentionally caused by **“You”**.
- **Dogs and Cats under 8 weeks of age**
- **“Accident(s)”** that occur before 12:01 AM on the 3rd day following the Effective Date
- **“Illness(es)”** that manifest themselves before 12:01 AM on the 15th day following the Effective Date

V. INSURED DUTIES

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

“You” agree to submit **“Complete Claims”** within 60 days following the expiration date for the **“Policy”** term under which the **“Eligible Services”** or **“Preventive Care Benefits”** are provided.

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

- **“Annual Deductible”** – the **“Annual Deductible”** **“You”** have chosen is listed on the Declaration Page. Claims submitted by **“You”** for **“Eligible Services”** and **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) covered by this **“Policy”** will be applied to the **“Deductible”** first until the **“Annual Deductible”** is satisfied.
- Co-Pay – Once the full **“Annual Deductible”** is satisfied by **“You”**, **“We”** will pay 80% of the **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and 80% of the **“Usual and Customary”** value of the claims submitted for **“Eligible Services,”** in all instances up to the limits of the **“Policy”**.

As directed by **“Our”** underwriting guidelines, **“We”** reserve the right to investigate claims filed for **“Eligible Service(s)”** and **“Preventive Care Benefits”** that are questionable in nature. To help identify claims made for non-disclosed, **“Pre-existing Conditions”**, whether intentional or unintentional, **“We”** may investigate claims based upon any of the following:

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

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

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

VII. CLAIMS REVIEW

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

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

A pet can have only one issued PurinaCare Pet Health Insurance “Policy” at anytime.

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

This “Policy” will not provide payment for accidental injury or “Illness” caused directly or indirectly by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination, j) pandemic conditions.

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

IX. PREVENTIVE CARE BENEFITS

Maximum Amount Payable Annually for “Preventive Care Benefits”.
The “Preventive Care Benefits” must be administered by or under the direct or indirect supervision of a “Licensed Veterinarian” in a “Clinical Setting.”

	Dogs:	Cats:
Annual adult vaccinations and Preventive Care examination (pets > 9 months old (see note 1 below)	\$150.00	\$150.00
Annual Fecal Analysis and Routine Deworming Combined	\$40.00	\$40.00
Annual Preventive Care Blood Panel	\$75.00	\$75.00
Annual Preventive Care Urinalysis	\$35.00	\$35.00
Annual Heartworm test	\$40.00	\$40.00
Dental Scaling/Polishing (see note 3 below)	\$200.00	\$200.00
Heartworm medication (see note 2 below)	12 month supply	12 month supply
Flea Prevention (see note 2 below)	12 month supply	12 month supply
Puppy vaccine series (pets < 9 months old.) (see note 1 below)	\$250.00	
Kitten vaccine series (pets < 9 months old.)		\$250.00

(see note 1 below)		
Neuter (see note 3 below)	\$100.00	\$75.00
Spay (see note 3 below)	\$150.00	\$100.00
Microchip implant	\$50.00	\$50.00

Notes to “Preventive Care Benefits” Chart

1. Puppy and kitten vaccine series and annual adult vaccinations limits include the physical examination and any vaccinations administered by a **“Licensed Veterinarian”** in a **“Clinical Setting”**. **“Benefits”** for any **“Policy”** period are limited to either a puppy/kitten vaccine series or an adult annual vaccine depending on age of the pet, but not both.
2. We will cover up to 12 monthly doses of Heartworm Preventative **and** 12 monthly doses of a Flea Control, **or** 12 monthly doses of a combination heartworm/flea control product purchased from a **“Licensed Veterinarian”** in a **“Clinical Setting”** subject to **“Usual & Customary”** costs.
3. Includes pre-procedure examination, pre-procedure lab, anesthesia, **“Hospitalization”**, the procedure, and all aftercare.

X. POLICY TRANSFER

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

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

XI. CHANGING DEDUCTIBLES DURING A POLICY PERIOD

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

XII. DECLARATIONS

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

XIII. MONEY BACK GUARANTEE

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

XIV. TERMINATION OF INSURANCE

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

“We” may cancel **“Your”** **“Policy”** subject to State regulations, by notifying **“You”** in writing, for **“Your”** failure to pay premium owed by due date, **“Your”** concealment or failure to disclose **“Pre-Existing Conditions”** during enrollment, or **“Our”** subsequent finding that **“Your”** pet has an **“Uninsurable Condition”** or **“Non-enrollable Condition”** that was present at enrollment, **“Your”** misrepresentation or fraud in securing coverage in the application process or in the claims process, or **“Your”** failure to cooperate in **“Our”** attempt to investigate a claim. Unearned premium will be refunded to **“You”** on a pro-rata basis.

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



PRESIDENT



SECRETARY

NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

**PurinaCare Pet Health Insurance
Plus Preventive Care Benefits**

I. DEFINITIONS

The **“Policy”** shall mean this PurinaCare Pet Health Insurance Policy.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

When used in the **“Policy”**, **“Preventive Care Benefits”** shall mean and is limited to those specific Preventive Care services, medications, tests, and other treatments and the corresponding maximum annual payable amounts that are identified in the table in Article IX below in the **“Policy”**.

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

When used in the **“Policy”**, **“Complete Claim(s)”** shall mean that all information necessary to process a claim has been submitted by **“You”** and received by **“Us”**

(including paid invoices, completed claims form, and medical records from all **“Veterinarians”** if requested by **“Us”**).

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

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

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

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

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

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

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

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

II. INSURING CLAUSE

When **“You”** pay **“Your”** premium, **“We”** will provide insurance coverage and **“Benefits”** for **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and **“Eligible Services”** for **“Your”** dog or cat named on the Declaration Page. The **“Benefits”**, exclusions, conditions, and limitations are explained below. **“We”** will pay only those **“Eligible Services”** and **“Preventive Care**

Benefits” that are performed during the **“Policy”** term. **“Benefits”** are paid subject to all the **“Policy”** exclusions and conditions.

III. EFFECTIVE DATE

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

IV. EXCLUSIONS

- All **“Pre-existing Conditions”**
- All **“Preventive Care”** services, medications, tests, and other treatments that are NOT identified in the **“Preventive Care Benefits”** table in Article IX below in the **“Policy”**.
- **Breeding, Fertility, and Pregnancy including any related issues and complications**
- **Alternative Care, including but not limited to** chiropractic care, acupuncture, and muscle manipulation, unless prescribed and performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **Cosmetic and Elective Procedures - including but not limited to:** Ear Cropping, Tail Docking, Debarking, Nail trimming, Dewclaw Removal, Declawing of Cats or Dogs, Tattooing, any Cosmetic procedures, Disarming (cutting and capping teeth) Orthodontics or Cosmetic Dentistry.
- **“Training”** – even if prescribed or performed by a **“Licensed Veterinarian”**.
- **All pet foods for any reason.**
- **All Nutritional supplements**, vitamins, nutraceuticals, holistic medications, herbs, and natural remedies for any reason even if prescribed by a **“Licensed Veterinarian”**.
- **Grooming, bathing for any reason, and dipping;** however, dipping for the eligible treatment of Scabies and Demodex is covered if performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **“Boarding”**
- **Preventable Conditions are excluded unless “You”** provide **“Preventive Care”** according to **“Your” “Veterinarian’s”** recommendations for vaccinations and other **“Preventative Care”** (included but not limited to: Parvovirus, Canine and Feline Distemper, Kennel Cough, Heartworms, Feline Leukemia). Failure to follow **“Your” “Veterinarian’s”** documented recommendation(s) may result in denial of a claim.

- **“Accident(s)” or Injuries** intentionally inflicted or intentionally caused by **“You”**.
- **Dogs and Cats under 8 weeks of age**
- **“Accident(s)”** that occur before 12:01 AM on the 3rd day following the Effective Date
- **“Illness(es)”** that manifest themselves before 12:01 AM on the 15th day following the Effective Date

V. INSURED DUTIES

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

“You” agree to submit **“Complete Claims”** within 60 days following the expiration date for the **“Policy”** term under which the **“Eligible Services”** or **“Preventive Care Benefits”** are provided.

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

- **“Annual Deductible”** – the **“Annual Deductible”** **“You”** have chosen is listed on the Declaration Page. Claims submitted by **“You”** for **“Eligible Services”** and **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) covered by this **“Policy”** will be applied to the **“Deductible”** first until the **“Annual Deductible”** is satisfied.
- Co-Pay – Once the full **“Annual Deductible”** is satisfied by **“You”**, **“We”** will pay 80% of the **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and 80% of the **“Usual and Customary”** value of the claims submitted for **“Eligible Services,”** in all instances up to the limits of the **“Policy”**.

As directed by **“Our”** underwriting guidelines, **“We”** reserve the right to investigate claims filed for **“Eligible Service(s)”** and **“Preventive Care Benefits”** that are questionable in nature. To help identify claims made for non-disclosed, **“Pre-existing Conditions”**, whether intentional or unintentional, **“We”** may investigate claims based upon any of the following:

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

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

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

VII. CLAIMS REVIEW

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

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

A pet can have only one issued PurinaCare Pet Health Insurance “Policy” at anytime.

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

This “Policy” will not provide payment for accidental injury or “Illness” caused directly or indirectly by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination, j) pandemic conditions.

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

IX. PREVENTIVE CARE BENEFITS

Maximum Amount Payable Annually for “Preventive Care Benefits”.
The “Preventive Care Benefits” must be administered by or under the direct or indirect supervision of a “Licensed Veterinarian” in a “Clinical Setting.”

	Dogs:	Cats:
Annual adult vaccinations and Preventive Care examination (pets > 9 months old (see note 1 below)	\$150.00	\$150.00
Annual Fecal Analysis and Routine Deworming Combined	\$40.00	\$40.00
Annual Preventive Care Blood Panel	\$75.00	\$75.00
Annual Preventive Care Urinalysis	\$35.00	\$35.00
Annual Heartworm test	\$40.00	\$40.00
Dental Scaling/Polishing (see note 3 below)	\$200.00	\$200.00
Heartworm medication (see note 2 below)	12 month supply	12 month supply
Flea Prevention (see note 2 below)	12 month supply	12 month supply
Puppy vaccine series (pets < 9 months old.) (see note 1 below)	\$250.00	
Kitten vaccine series (pets < 9 months old.)		\$250.00

(see note 1 below)		
Neuter (see note 3 below)	\$100.00	\$75.00
Spay (see note 3 below)	\$150.00	\$100.00
Microchip implant	\$50.00	\$50.00

Notes to “Preventive Care Benefits” Chart

1. Puppy and kitten vaccine series and annual adult vaccinations limits include the physical examination and any vaccinations administered by a **“Licensed Veterinarian”** in a **“Clinical Setting”**. **“Benefits”** for any **“Policy”** period are limited to either a puppy/kitten vaccine series or an adult annual vaccine depending on age of the pet, but not both.
2. We will cover up to 12 monthly doses of Heartworm Preventative **and** 12 monthly doses of a Flea Control, **or** 12 monthly doses of a combination heartworm/flea control product purchased from a **“Licensed Veterinarian”** in a **“Clinical Setting”** subject to **“Usual & Customary”** costs.
3. Includes pre-procedure examination, pre-procedure lab, anesthesia, **“Hospitalization”**, the procedure, and all aftercare.

X. POLICY TRANSFER

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

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

XI. CHANGING DEDUCTIBLES DURING A POLICY PERIOD

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

XII. DECLARATIONS

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

XIII. MONEY BACK GUARANTEE

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

XIV. TERMINATION OF INSURANCE

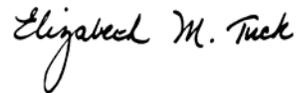
“You” may cancel your **“Policy”** anytime by giving written notice to **“Us”**. The effective cancellation date is the date that **“We”** receive written notice.

“We” may cancel **“Your”** **“Policy”** subject to State regulations, by notifying **“You”** in writing, for **“Your”** failure to pay premium owed by due date, **“Your”** concealment or failure to disclose **“Pre-Existing Conditions”** during enrollment, or **“Our”** subsequent finding that **“Your”** pet has an **“Uninsurable Condition”** or **“Non-enrollable Condition”** that was present at enrollment, **“Your”** misrepresentation or fraud in securing coverage in the application process or in the claims process, or **“Your”** failure to cooperate in **“Our”** attempt to investigate a claim. Unearned premium will be refunded to **“You”** on a pro-rata basis.

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



PRESIDENT



SECRETARY

NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

**PurinaCare Pet Health Insurance
Plus Preventive Care Benefits**

I. DEFINITIONS

The **“Policy”** shall mean this PurinaCare Pet Health Insurance Policy.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

When used in the **“Policy”**, **“Preventive Care Benefits”** shall mean and is limited to those specific Preventive Care services, medications, tests, and other treatments and the corresponding maximum annual payable amounts that are identified in the table in Article IX below in the **“Policy”**.

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

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

When used in the **“Policy”**, **“Complete Claim(s)”** shall mean that all information necessary to process a claim has been submitted by **“You”** and received by **“Us”**

(including paid invoices, completed claims form, and medical records from all **“Veterinarians”** if requested by **“Us”**).

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

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

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

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

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

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

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

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

II. INSURING CLAUSE

When **“You”** pay **“Your”** premium, **“We”** will provide insurance coverage and **“Benefits”** for **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and **“Eligible Services”** for **“Your”** dog or cat named on the Declaration Page. The **“Benefits”**, exclusions, conditions, and limitations are explained below. **“We”** will pay only those **“Eligible Services”** and **“Preventive Care**

Benefits” that are performed during the **“Policy”** term. **“Benefits”** are paid subject to all the **“Policy”** exclusions and conditions.

III. EFFECTIVE DATE

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

IV. EXCLUSIONS

- All **“Pre-existing Conditions”**
- All **“Preventive Care”** services, medications, tests, and other treatments that are NOT identified in the **“Preventive Care Benefits”** table in Article IX below in the **“Policy”**.
- **Breeding, Fertility, and Pregnancy including any related issues and complications**
- **Alternative Care, including but not limited to** chiropractic care, acupuncture, and muscle manipulation, unless prescribed and performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **Cosmetic and Elective Procedures - including but not limited to:** Ear Cropping, Tail Docking, Debarking, Nail trimming, Dewclaw Removal, Declawing of Cats or Dogs, Tattooing, any Cosmetic procedures, Disarming (cutting and capping teeth) Orthodontics or Cosmetic Dentistry.
- **“Training”** – even if prescribed or performed by a **“Licensed Veterinarian”**.
- **All pet foods for any reason.**
- **All Nutritional supplements**, vitamins, nutraceuticals, holistic medications, herbs, and natural remedies for any reason even if prescribed by a **“Licensed Veterinarian”**.
- **Grooming, bathing for any reason, and dipping;** however, dipping for the eligible treatment of Scabies and Demodex is covered if performed by a **“Licensed Veterinarian”** in a **“Clinical Setting”**.
- **“Boarding”**
- **Preventable Conditions are excluded unless “You”** provide **“Preventive Care”** according to **“Your” “Veterinarian’s”** recommendations for vaccinations and other **“Preventative Care”** (included but not limited to: Parvovirus, Canine and Feline Distemper, Kennel Cough, Heartworms, Feline Leukemia). Failure to follow **“Your” “Veterinarian’s”** documented recommendation(s) may result in denial of a claim.

- **“Accident(s)” or Injuries** intentionally inflicted or intentionally caused by **“You”**.
- **Dogs and Cats under 8 weeks of age**
- **“Accident(s)”** that occur before 12:01 AM on the 3rd day following the Effective Date
- **“Illness(es)”** that manifest themselves before 12:01 AM on the 15th day following the Effective Date

V. INSURED DUTIES

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

“You” agree to submit **“Complete Claims”** within 60 days following the expiration date for the **“Policy”** term under which the **“Eligible Services”** or **“Preventive Care Benefits”** are provided.

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

- **“Annual Deductible”** – the **“Annual Deductible”** **“You”** have chosen is listed on the Declaration Page. Claims submitted by **“You”** for **“Eligible Services”** and **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) covered by this **“Policy”** will be applied to the **“Deductible”** first until the **“Annual Deductible”** is satisfied.
- Co-Pay – Once the full **“Annual Deductible”** is satisfied by **“You”**, **“We”** will pay 80% of the **“Preventive Care Benefits”** (up to the applicable annual limits set forth in the chart below in Article IX) and 80% of the **“Usual and Customary”** value of the claims submitted for **“Eligible Services,”** in all instances up to the limits of the **“Policy”**.

As directed by **“Our”** underwriting guidelines, **“We”** reserve the right to investigate claims filed for **“Eligible Service(s)”** and **“Preventive Care Benefits”** that are questionable in nature. To help identify claims made for non-disclosed, **“Pre-existing Conditions”**, whether intentional or unintentional, **“We”** may investigate claims based upon any of the following:

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

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

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

VII. CLAIMS REVIEW

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

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

A pet can have only one issued PurinaCare Pet Health Insurance “Policy” at anytime.

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

This “Policy” will not provide payment for accidental injury or “Illness” caused directly or indirectly by: a) enemy attack by armed forces, with or without a state of war, including actions taken in resisting that attack; b) insurrection; c) rebellion; d) revolution; e) invasion; f) civil war; g) illegal acts; h) usurped power; i) nuclear radioactive contamination, j) pandemic conditions.

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

IX. PREVENTIVE CARE BENEFITS

Maximum Amount Payable Annually for “Preventive Care Benefits”.
The “Preventive Care Benefits” must be administered by or under the direct or indirect supervision of a “Licensed Veterinarian” in a “Clinical Setting.”

	Dogs:	Cats:
Annual adult vaccinations and Preventive Care examination (pets > 9 months old (see note 1 below)	\$150.00	\$150.00
Annual Fecal Analysis and Routine Deworming Combined	\$40.00	\$40.00
Annual Preventive Care Blood Panel	\$75.00	\$75.00
Annual Preventive Care Urinalysis	\$35.00	\$35.00
Annual Heartworm test	\$40.00	\$40.00
Dental Scaling/Polishing (see note 3 below)	\$200.00	\$200.00
Heartworm medication (see note 2 below)	12 month supply	12 month supply
Flea Prevention (see note 2 below)	12 month supply	12 month supply
Puppy vaccine series (pets < 9 months old.) (see note 1 below)	\$250.00	
Kitten vaccine series (pets < 9 months old.)		\$250.00

(see note 1 below)		
Neuter (see note 3 below)	\$100.00	\$75.00
Spay (see note 3 below)	\$150.00	\$100.00
Microchip implant	\$50.00	\$50.00

Notes to “Preventive Care Benefits” Chart

1. Puppy and kitten vaccine series and annual adult vaccinations limits include the physical examination and any vaccinations administered by a **“Licensed Veterinarian”** in a **“Clinical Setting”**. **“Benefits”** for any **“Policy”** period are limited to either a puppy/kitten vaccine series or an adult annual vaccine depending on age of the pet, but not both.
2. We will cover up to 12 monthly doses of Heartworm Preventative **and** 12 monthly doses of a Flea Control, **or** 12 monthly doses of a combination heartworm/flea control product purchased from a **“Licensed Veterinarian”** in a **“Clinical Setting”** subject to **“Usual & Customary”** costs.
3. Includes pre-procedure examination, pre-procedure lab, anesthesia, **“Hospitalization”**, the procedure, and all aftercare.

X. POLICY TRANSFER

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

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

XI. CHANGING DEDUCTIBLES DURING A POLICY PERIOD

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

XII. DECLARATIONS

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

XIII. MONEY BACK GUARANTEE

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

XIV. TERMINATION OF INSURANCE

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

“We” may cancel **“Your”** **“Policy”** subject to State regulations, by notifying **“You”** in writing, for **“Your”** failure to pay premium owed by due date, **“Your”** concealment or failure to disclose **“Pre-Existing Conditions”** during enrollment, or **“Our”** subsequent finding that **“Your”** pet has an **“Uninsurable Condition”** or **“Non-enrollable Condition”** that was present at enrollment, **“Your”** misrepresentation or fraud in securing coverage in the application process or in the claims process, or **“Your”** failure to cooperate in **“Our”** attempt to investigate a claim. Unearned premium will be refunded to **“You”** on a pro-rata basis.

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



PRESIDENT



SECRETARY

NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street, New York New York 10270
(212) 770-7000
A Capital Stock Company

DIRECT ALL INQUIRIES TO:

PurinaCare Insurance Services, Inc.
607 E. Sonterra Blvd, Suite 250
San Antonio, Texas 78258
866-787-7676

PurinaCare Pet Health Insurance

I. DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. INSURING CLAUSE

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

III. EFFECTIVE DATE

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

IV. EXCLUSIONS

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

V. INSURED DUTIES

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

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

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

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

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

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

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

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

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

VI. CLAIMS SUBMISSION PROCESS and HOW CLAIMS ARE PAID

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

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

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

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

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

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

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

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

VII. CLAIMS REVIEW

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

The request must be received within 60 days of denial.

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

VIII. BENEFITS AND LIMITS

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

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

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

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

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

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

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



PRESIDENT



SECRETARY