

INSURER DISCLOSURE OF IMPORTANT POLICY PROVISIONS
FOR PET HEALTH INSURANCE POLICY

**For residents of the following states:
Maine, Washington, Louisiana, Mississippi, Nebraska, Delaware, and New
Hampshire**

Please read your Policy carefully for complete information on the coverage provided. Various provisions in the Policy restrict coverage. Read the entire Policy carefully to determine rights, duties and what is and is not covered. If there is any conflict between the Policy and this notice, the provisions of the Policy will apply.

DEFINITIONS

Some or all of the following definitions may be used in your Policy. Please refer to your Policy for all applicable definitions.

“Chronic condition” means a condition that can be treated or managed, but not cured.

“Congenital anomaly or disorder” means a condition that is present from birth, whether inherited or caused by the environment, which may cause or contribute to illness or disease.

“Hereditary disorder” means an abnormality that is genetically transmitted from parent to offspring and may cause illness or disease.

“Orthopedic” refers to conditions affecting the bones, skeletal muscle, cartilage, tendons, ligaments, and joints. It includes, but is not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and ruptured cranial cruciate ligaments. It does not include cancers or metabolic, hemopoietic, or autoimmune diseases.

“Pet insurance” means a property insurance policy that provides coverage for accidents and illnesses of pets.

“Preexisting condition” means any condition for which any of the following are true prior to the effective date of a pet insurance policy or during any waiting period: (1) A veterinarian provided medical advice; (2) The pet received previous treatment; or (3) Based on information from verifiable sources, the pet had signs or symptoms directly related to the condition for which a claim is being made. A condition for which coverage is afforded on a policy cannot be considered a preexisting condition on any renewal of the policy.

“Renewal” means to issue and deliver at the end of an insurance policy period a policy which supersedes a policy previously issued and delivered by the same pet insurer or affiliated pet insurer and which provides types and limits of coverage substantially similar to those contained in the policy being superseded.

“Veterinarian” means an individual who holds a valid license to practice veterinary medicine from the appropriate licensing entity in the jurisdiction in which he or she

practices.

“Veterinary expenses” means the costs associated with medical advice, diagnosis, care, or treatment provided by a veterinarian, including, but not limited to, the cost of drugs prescribed by a veterinarian.

“Waiting period” means the period of time specified in a pet insurance policy that is required to transpire before some or all of the coverage in the policy can begin. Waiting periods may not be applied to renewals of existing coverage.

“Wellness program” means a subscription or reimbursement-based program that is separate from an insurance policy that provides goods and services to promote the general health, safety, or wellbeing of the pet. If any wellness program [insert language from state statute or regulation that defines the trigger for insurance contracts, which might include language such as: [undertakes to indemnify another], or [pays a specified amount upon determinable contingencies] or [provides coverage for a fortuitous event]], it is transacting in the business of insurance and is subject to the insurance code. This definition is not intended to classify a contract directly between a service provider and a pet owner that only involves the two parties as being “the business of insurance,” unless other indications of insurance also exist.

RIGHT TO EXAMINE AND RETURN A POLICY IN MAINE, WASHINGTON, LOUISIANA, MISSISSIPPI, AND NEW HAMPSHIRE

You have fifteen (15) days from the day You receive the Policy to review it and return it to the company if you decide not to keep it. You do not have to tell the company why You are returning it. If You decide not to keep it, simply return it to the company at its administrative office or You may return it to the insurance producer that You bought it from as long as You have not filed a claim. You must return it within fifteen (15) days of the day You first received it. The company will refund the full amount of any premium paid within thirty (30) days after it receives the returned Policy. The premium refund will be sent directly to the person who paid it. The Policy will be void as if it had never been issued.

RIGHT TO EXAMINE AND RETURN A POLICY IN DELAWARE AND NEBRASKA

You have thirty (30) days from the day You receive the Policy to review it and return it to the company if you decide not to keep it. You do not have to tell the company why You are returning it. If You decide not to keep it, simply return it to the company at its administrative office or You may return it to the insurance producer that You bought it from as long as You have not filed a claim. You must return it within thirty (30) days of the day You first received it. The company will refund the full amount of any premium paid within thirty (30) days after it receives the returned Policy. The premium refund will be sent directly to the person who paid it. The Policy will be void as if it had never been issued.

EXCLUSIONS

The Policy does not provide coverage for pre-existing conditions, as defined in the

Definitions Section of this Disclosure. This means any condition for which any of the following are true prior to the effective date of Your Policy or during any Waiting Period, are not eligible for coverage: (1) a veterinarian provided medical advice regarding the condition; (2) Your pet received previous treatment for the condition; or (3) based on information from verifiable sources, Your pet had signs or symptoms directly related to the condition for which a claim is being made.

The Policy also excludes costs or fees for any conditions or disorders present at, and existing from, the birth of Your Pet where Clinical Signs were apparent prior to the effective date of the Policy or prior to the expiration of the Waiting Period.

Other exclusions may apply. Please refer to the exclusions section of the Policy for more information.

WAITING PERIODS

The Policy has Waiting Periods applicable to the beginning of the initial Policy Period during which the Policy does not cover specific Injury or Illness of Your Pet, as shown on the Declarations Page. The waiting periods are three to fifteen (3-15) days for orthopedic conditions not resulting from injury or accident and three to thirty (3-30) days for cancer coverage. If you chose, at the time of Application, to waive these Waiting Periods, then you agreed to completion of a medical examination conducted by a licensed veterinarian within fifteen (15) days from the Policy's original effective date, which will need to be submitted to Us with the submission of your first Claim under this Policy. Please be aware that this examination documentation may result in a pre-existing condition exclusion. Please refer to the Waiting Period section of Your Policy for more information.

DEDUCTIBLE AND COPAYMENT

For any Treatment provided during the Policy Period, You will pay the Copayment and Deductible as shown on the Declarations Page. The Deductible is the amount You are required to pay for Treatments covered by the Policy before We being to reimburse You. The Copayment is the percentage of Your Claim for which You are required to pay after any applicable Deductible is applied. The Deductible will first be applied to a covered Claim amount. Once the Deductible has been exhausted, the Copayment will be applied and any remaining covered Claim amount will be reimbursed by Us. The Deductible amount is not in addition to the applicable Policy Limit and applies to exhaust Your applicable Policy Limit.

ANNUAL BENEFIT LIMIT AND LIFETIME MAXIMUM BENEFIT LIMIT

The most We will pay during a Policy Period is the Annual Benefit Limit as shown on the Declarations Page of the Policy. The Lifetime Maximum Benefit Limit sets the maximum aggregate limit amount You can claim over the lifetime of Your pet as shown on the Declarations Page of the Policy. The policy will no longer pay for claims once the Maximum Lifetime Benefit Limit has been reached.

REDUCTION IN COVERAGE OR INCREASE IN PREMIUM

We will not reduce coverage or increase premiums during the Policy Period based on the Insured's claim history or the age of the covered pet. Any coverage or premium changes based on the Insured's claim history or the age of the covered pet will only be made on renewal.

CHANGE IN ADDRESS

It is Your responsibility to notify Us of any change in address. A change in Your primary address may result in a change to coverage availability and rates.

INSURING COMPANY

Insurance offered by Animalia Insurance Services Inc. is underwritten by National Specialty Insurance Company.

BASIS FOR CLAIMS PAYMENTS

In order to assess a Claim, We may require full medical records from any Vet who has Treated Your Pet in the past. Once We receive a completed Claims submission and supporting itemized invoices, We will determine whether the Illness or Injury is covered by the Policy. We will notify You in writing whether the Claim is accepted or rejected within fifteen (15) business days following receipt of Claims submission and itemized invoices, or within a time period otherwise mandated by state law. A statement showing the basis for Our decision will be available through Your online account or upon request.

QUESTIONS ABOUT YOUR INSURANCE

If you have any questions about your insurance or require assistance in resolving complaints, do not hesitate to contact Animalia Insurance Services Inc., via one of the following methods:

Animalia Insurance Services Inc.
80 Cedarwood Ct, West Deptford, N.J., 08066
1-888-688-1608
service@animalia.pet

You may also contact:

National Specialty Insurance Company, Inc.
1900 L. Don Dodson Dr
Bedford, TX 76021
Telephone Number: (817)-265-2000

In the alternative you may contact the applicable state agency as shown below:

Delaware Department of Insurance
Insurance Commissioner (Location #1)
1351 West North Street, Suite 101

Dover, DE 19904

Insurance Commissioner (Location #2)
503 Carr Road, Suite 303
Wilmington, DE 19809

Telephone Number: (800)-282-8611 or (302)-674-7300 or (302)-577-5280
Website Link: <https://insurance.delaware.gov/>

Louisiana Department of Insurance

P.O. Box 94214
Baton Rouge, LA 70804-9214
Telephone Number: (800) 259-5300
Website Link: <https://ldi.la.gov/>

Maine Bureau of Insurance

Department of Professional & Financial Regulation
34 State House Station
Augusta, ME 04333
Toll-Free Telephone Number: (800)-300-5000 or (207) 624-8475
Website Link: <https://www.maine.gov/pfr/insurance/home>

Mississippi Insurance Department

1001 Woolfolk State Office Building
501 North West Street
Jackson, MS 39201
Telephone Number: (601)-359-3569
Consumer Toll Free Hotline: (800)-562-2957
Website Link: <https://www.mid.ms.gov/>

Nebraska Department of Insurance

1526 K Street, Suite 200
P.O. Box 95087
Lincoln, NE 68508
Telephone Number: (402)-471-2201
Consumer Affairs Hotline: (877)-564-7323 (In-State Only)
Website Link: <https://doi.nebraska.gov>

New Hampshire Insurance Department

21 South Fruit Street, Suite 14
Concord, NH 03301
Telephone Number: (603)-271-2261 (In-State and Local)
Consumer Hotline: (800)-832-3416
Website Link: <https://www.nh.gov/>

Washington Office of the Insurance Commissioner

P.O. Box 40255
Olympia, WA 98504-0255
Telephone Number: (800)-562-6900