



Sample policy for your pet

Note: This document varies by state.

The specific terms of your policy will be provided upon purchase.

This sample policy covers:

- Key policy terms and definitions
- What Pumpkin's policy covers
- What could be excluded in your policy

We're here to help

Call us at 1-866-273-6369

Email us at help@pumpkin.care

Find answers at pumpkin.care/faqs

INDEPENDENCE AMERICAN INSURANCE COMPANY

Administrative Offices: PO Box 307, Broadway, NJ 08808-0307

Accident and Illness Coverage - Florida

INSURING AGREEMENT

Sample
Policy

Independence American Insurance Company (“**we**” or “**us**”) will provide the insurance described in this **policy** in exchange for payment of premium by the policyholder (“**you**”) when due. Coverage is subject to the terms and conditions described in this **policy**. Only an endorsement that **we** issue can change or waive the contract terms in this **policy**. Certain terms are defined. These terms are in bold typeface, and their meanings are listed in the DEFINITIONS section.

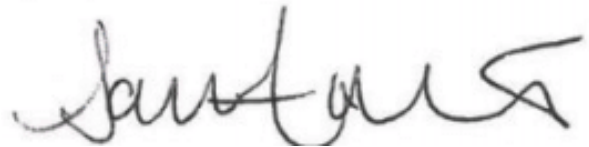
Any misrepresentation, omission, concealment of fact or incorrect statement may prevent recovery if the misrepresentation, omission, concealment or statement is fraudulent or is material either to the acceptance of the risk or to the hazard assumed, or if the true facts had been known, **we** would in good faith have not issued the **policy**, would not have issued at the same rate, would not have issued in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss. The **policy** will lapse if **you** do not pay **your** premium when due. **You** are financially responsible to your **veterinarian** for services provided. This **policy** reimburses **you** for **covered expenses** as described for **your pet**.

Independence American Insurance Company and the policyholder have agreed to all terms and conditions of this policy.

Signed for **Independence American Insurance Company** By:



Gary Levenbach
President



Sammi-Jo Nevin
Secretary

TABLE OF CONTENTS

DEFINITIONS	2	CLAIMS	8
WAITING PERIODS	5	Submit a Claim	
CURED CONDITION ELIGIBILITY	5	Other Claim Procedures	
WHAT IS COVERED	6	Our Rights	
Accident Benefits		RESOLVE A DISPUTE	9
Illness Benefits		RENEWAL AND NONRENEWAL	10
Microchip Implantation		POLICY CANCELLATION	10
WHAT IS NOT COVERED	7	Money Back Guarantee	
DEDUCTIBLE AND REIMBURSEMENT PERCENTAGE	8	When You Cancel	
Deductible Amount		When We Cancel	
Reimbursement Percentage		GENERAL CONDITIONS	12

DEFINITIONS

Sample
Policy

Accident	A sudden, unexpected or unintended action or event with a specific time and place which results in injury .
Actual Cost	The standard fees/costs that the treating veterinarian charges, and that you have a financial obligation to the treating veterinarian to pay, after all credit or discounts are applied.
Administrator	The company administering the policy .
Alternative Therapy	Treatment that does not generally fall within the realm of conventional veterinary medicine as used by the American Association of Rehabilitation Veterinarians (AARV).
Annual Limit	The maximum amount payable during the policy period for all covered expenses .
Behavioral Problem	An illness condition , either social or medical, that results from your pet's action, inaction, or temperament that is abnormal, dysfunctional, or unusual, such as but not limited to aggression, dietary indiscretion, excessive chewing or licking, or separation anxiety.
Bilateral Condition	A condition that affects both sides of the body.
Chronic Condition	Means a condition that can be treated or managed, but not cured.
Condition	Illness , disease, injury or change to your pet's health that may or may not show symptoms or have been diagnosed or treated (including but not limited to diagnosed or undiagnosed pre-existing , hereditary or congenital conditions, ligament and knee conditions).
Congenital Anomaly or Disorder	Means a condition that is present from birth, whether inherited or caused by the environment, and that may cause or contribute to illness or disease.
Covered Expenses	The actual costs for expenses that are eligible for coverage under your policy .
Cured	The point at which a pet is free from a condition with no further symptoms or treatment .
Effective Date	The date your policy takes effect as identified on your declarations page.

End of Life Expenses	Expenses for euthanasia, burial and cremation only. This does not include funeral expenses, memorial items, urns, caskets, burial plots or burial plot maintenance fees.
General Health Maintenance	A program or procedure planned to prevent illness , maintain maximum function or promote health.
Hereditary Disorder	Means an abnormality that is genetically transmitted from parent to offspring and may cause illness or disease.
Illness	Any sickness, disease or medical condition not caused by an accident or injury . Congenital anomalies or disorders, heredity disorders, and orthopedic conditions , with the exception of broken bones resulting from an injury , are considered illnesses under this policy .
Injury	Bodily harm which results directly from an accident , independent of an illness , while this policy is in force.
Ligament and Knee Conditions	Orthopedic illnesses involving a ligament, patella, meniscus or soft tissue disorder of the knee. These are considered Bilateral Conditions and related, regardless of cause; meaning an occurrence on one side of the body affects both sides of the body. These conditions are considered illnesses under this policy .
Occur or Occurrence	When signs or symptoms related to a condition first were observed by any individual, recorded in your pet's medical record, or would have been detectable by a routine physical veterinary exam.
Orthopedic Conditions	Means a condition that affects the bones, skeletal muscle, cartilage, tendons, ligaments, or joints. The term includes, but is not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and cranial cruciate ligament rupture, but does not include any cancer or metabolic, hemopoietic, or autoimmune disease.
Pet	Dog or cat described on the declarations page that you own and that resides with you .
Pet Insurance	Means an insurance policy that provides coverage for accidents and for illnesses and diseases of pets . Such insurance reimburses a policyholder for expenses associated with medical advice, diagnosis, care, or treatment provided by a veterinarian , including, but not limited to, the cost of drugs prescribed by the veterinarian .
Pet Insurance Policy or Policy	Includes pet insurance certificates.

Policy Period One year as specified on the declarations page.

Pre-Existing Condition Means a **condition** for which any of the following are true before the **effective date** of or during a **waiting period** applicable to a **pet insurance policy**:

- A **veterinarian** provided medical advice.
- The **pet** received previous treatment.
- 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** is not deemed to be a **preexisting condition** on any **renewal** of the **policy**.

Prescription Pet Food A manufactured and tested therapeutic diet with guaranteed analysis and safety standards. A **veterinarian** must prescribe the diet as indicated by the manufacturer for **treatment** of a specific covered medical **condition** for **your** pet. **Prescription foods** eligible under the policy do not include treats, **general health maintenance** diets, whole food and fresh food diets, lightly cooked diets, weight loss diets, dental diets, puppy or kitten diets, homemade diets, or raw food diets, even if prescribed, dispensed or recommended by a **veterinarian**.

Prevention/ Preventive **Treatment** for the purpose of avoiding an **illness** or **injury** or for the promotion of general health, where there is no underlying **illness**, **injury** or **symptoms**.

Renewal Means the issuance and delivery at the end of an insurance **policy period** of a **policy** that supersedes the **policy** previously issued and delivered by the same **pet** insurer or affiliated **pet** insurer and that provides types and limits of coverage substantially similar to those contained in the **policy** being superseded.

Supplements A dietary supplement, vitamin, probiotic, or nutraceutical formulated, tested, and manufactured with guaranteed analysis and safety standards to aid as part of the **treatment** of a specific covered medical **condition**. A **veterinarian** must prescribe the supplement. **Supplements** do not include herbs, either in single form or combined with other herbs, Cannabis products (CBD), food products, **general health maintenance** vitamins or **supplements**, or weight loss **supplements**, even if prescribed or dispensed by a **veterinarian**.

Symptom Any change in **your pet's** state of health, normal function, behavior or appearance, including those that did not require **treatment** at the time of observation.



Treatment	Care that your veterinarian administers. This includes but is not limited to anesthesia, consultations, examinations, hospitalization, laboratory tests, nursing, MRI or CT scans, surgery and X-rays.
Veterinarian	Means a health care practitioner who is licensed to engage in the practice of veterinary medicine in this state under chapter 474.
Veterinary	Directly related to professional care that a Veterinarian provides.
Waiting Period	Means the period of time specified in a pet insurance policy which is required to run before some or all of the coverage in the policy may begin. This period may not be applied to renewals of existing coverage.
We, Us and Our	Underwriting insurance company, Independence American Insurance Company.
You, Your, Yours	Person or persons named on the declarations page.

WAITING PERIODS

There is a 14 day **waiting period** for diagnosis, **treatment** or surgery related to any **illness**, including the following types of **illnesses**: **congenital anomaly or disorder**, **hereditary disorder** and orthopedic **illness**. The **waiting period** begins on the first **effective date** of the applicable coverage.

You may elect at **your** cost to pursue a Waiting Period Health Assessment. If **You** and **Your Pet** meet the requirements of the Waiting Period Health Assessment, then the **waiting period** may be modified.

In order for **us** to modify the **waiting period**, **you** must meet each of the following requirements:

1. A qualifying exam of **your pet** by a **veterinarian** that includes an assessment of all body systems and parts;
2. results of the exam need to be documented at the time of exam on **our** completed Waiting Period Health Assessment Form;
3. the qualifying exam may occur within 3 days prior to or 7 days after **your** initial **policy** effective date; and
4. the Waiting Period Health Assessment form must be provided to **us** within 30 calendar days of **your** qualifying exam.

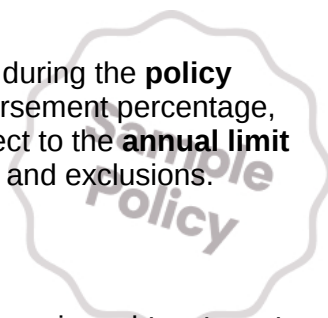
If the Waiting Period Health Assessment requirements are met, the **waiting period** will be waived to either the **policy period effective date** or the day after the qualifying exam, whichever is later. This waiver does not alter the **pre-existing conditions** exclusion.

CURED CONDITION ELIGIBILITY

If **your pet's pre-existing condition** is curable and has been **cured** and free from **treatment** and symptoms for a period of 180 days it is a new **occurrence**. This does not apply to **chronic conditions**, **congenital anomalies or disorders**, **hereditary disorders**, **ligament and knee conditions** or orthopedic **illnesses**.

WHAT IS COVERED

We will reimburse **you** the **actual costs** for **covered expenses** that **you** incur during the **policy period** for **your pet**, after subtracting **your** deductible and applying the reimbursement percentage, listed on the declarations page. Reimbursement of **covered expenses** is subject to the **annual limit** listed on **your** declarations page and any other applicable coverage limitations and exclusions.



Accident Benefits

Your policy reimburses **actual costs** for **covered expenses** related to the diagnosis and **treatment** of **injuries** resulting from an **accident**, up to the **annual limit** noted on **your** declarations page. Eligible **accident** expenses are:

- a. **Alternative Therapy**, when performed by a **veterinarian** or at a facility with a supervising **veterinarian** on staff, or through referral to an individual certified in **veterinary** rehabilitation.
- b. **End of life expenses**
- c. Intravenous (IV) fluids and medications
- d. Medical supplies (such as but not limited to bandages, casts and splints)
- e. MRI or CT scans and X-rays
- f. Poison control consultation fees
- g. **Prescription pet food** to treat a covered **condition**; not for **general health maintenance**, or **prevention**, even if prescribed or dispensed by a **veterinarian**.
- h. Prescription medications prescribed by a **veterinarian** and approved by the Food and Drug Administration (FDA).
- i. Stem cell therapy
- j. **Supplements** to treat a covered **condition**; not for **general health maintenance**, or **prevention** even if prescribed or dispensed by a **veterinarian**.
- k. Surgery and hospitalization
- l. Tooth extractions
- m. **Veterinary Treatment**, including examinations, consultations and laboratory tests.
- n. **Treatment** of broken bones that are independent of an **illness**.

Illness Benefits

Your policy also reimburses **actual costs** for **covered expenses** related to the diagnosis and **treatment** of **illnesses**, up to the applicable limits, exclusions and limitations. Eligible **illness** expenses are:

- a. Expenses listed above under **accident** benefits when applicable to **illness**.
- b. Cancer **treatments** (including but not limited to chemotherapy and radiation **treatment**).
- c. **Treatment** for **congenital anomalies or disorders**.
- d. **Treatment** of **hereditary disorders**.
- e. **Treatment** for **behavioral problems** if performed by a **veterinarian** or through a written referral by a **veterinarian** to a Applied Animal Behaviorist, Certified Applied Animal Behaviorist (CAAB), Associate Certified Applied Animal Behaviorist (ACAAB) or Diplomat of the American College of **Veterinary** Behaviorists (Dip ACVB).
- f. **Treatment** of orthopedic **illnesses**.

Microchip Implantation

Your policy covers microchip implantation by a **veterinarian**; not any associated fees for registration, monitoring or renewal.



WHAT IS NOT COVERED

Exclusions

We will not pay for costs associated with or resulting from the following:

- a. Aesthetic, cosmetic, endodontic, or orthodontic dental services such as caps, crowns or crown amputation, fillings, implants and root canals or planing.
- b. Anal sac (gland) expression, treatment, and/or resection when no infection is present.
- c. **Bilateral conditions of pre-existing conditions.**
- d. Boarding.
- e. Breeding, pregnancy, whelping or nursing.
- f. **Conditions** that **occur** during a waiting period.
- g. Cosmetic and elective prostheses or procedures (including but not limited to claw removal, ear cropping and tail docking).
- h. Dental cleanings unless used to treat a covered **illness** or covered by an applicable endorsement.
- i. Experimental or investigational **treatment** or medication (including clinical trials) that is not generally accepted in the **veterinary** medical community as effective or proven.
- j. Funeral services, necropsy, memorial items, urns, caskets, or burial plots/fees.
- k. Grooming or grooming supplies (including but not limited to non-prescription baths, ear cleanings, non-prescription shampoos and nail trims).
- l. Herbal and herbal-like products including Cannabis (CBD) and food products.
- m. House call fees, time and travel expenses to and from the **veterinarian's** premises or hospital.
- n. **Illness** or **injury** that results from intentional, malicious, or grossly negligent activities or from failure to perform actions commonly accepted as responsible **pet** care by **you**, a member of **your** household or a caregiver for **your pet**.
- o. **Ligament and knee conditions**, if any **ligament and knee condition occurred** prior to the first **effective date** of the applicable coverage or during a waiting period.
- p. Non-medical supplies such as but not limited to toys, leashes, ramps, bedding or other devices intended to prevent **injury** or **illness**, but that do not treat a **condition**.
- q. Non-**veterinary** services (including but not limited to administrative fees, medical records expenses, medical waste, discount package or membership fees, postage and tax).
- r. Any and all transplants, including but not limited to organ, tissue, bone marrow or heart valve transplants. This includes any **treatment** or **veterinary expenses** incurred for any donor animal, whether or not the donor animal is owned by **you**.
- s. **Pre-existing conditions** that **occurred** on or before the first **effective date** of the applicable coverage or during a waiting period.

- t. **Prescription pet food, pet** food that is used beyond resolution of **symptoms** for **prevention** or **general health maintenance** (including weight loss) even if prescribed, dispensed, or recommended by a **veterinarian**; dental diets, whole food or fresh food diets, lightly cooked diets, custom diets or limited ingredient diets even if prescribed, dispensed or recommended by a **veterinarian**. **Pet** food that is available without a prescription from a **veterinarian**, commercial diets or treats including foods such as life stages (puppy, senior, etc.), low calorie, sensitive stomach, or urinary support even if dispensed or recommended by a **veterinarian**.
- u. **Preventive** care without an **occurrence** (including but not limited to **general health maintenance** diagnostics, laboratory procedures, medications, physical examinations and surgery) unless covered by an applicable endorsement.
- v. **Supplements** and vitamins used for **prevention** or **general health maintenance** (including weight loss) even if prescribed or dispensed by a **veterinarian**.
- w. Training or training devices.
- x. **Treatment** when the **veterinarian** conducting or supervising the **treatment** is **you**, a co-owner on **your** account or an immediate family member.
- y. **Veterinary** expenses related to coursing, organized fighting, law enforcement or guarding, personal protection or racing.
- z. **Veterinary** expenses for **Treatment** of any **Illness, Injury** or related to any service excluded by the **policy** as well as secondary, resultant or related complications from such excluded **Illness, Injury** or service.
- aa. **Veterinary** expenses or **treatment** for any animal or individual that is not **your pet**.

DEDUCTIBLE AND REIMBURSEMENT PERCENTAGE

Deductible Amount

Your annual deductible amount is listed on the declarations page and applies during each **policy period**. **We** subtract that deductible from **covered expenses** before applying the reimbursement percentage.

Reimbursement Percentage

After the deductible is met, **we** will reimburse a percentage of **covered expenses** identified on the declarations page as reimbursement percentage, subject to any applicable maximum. **You** are responsible for the remainder of **covered expenses** in addition to any amounts not covered by the **policy**.

CLAIMS

Submit a Claim

So **we** can process **your** claim as quickly as possible, submit **your** claim electronically and include the following information with **your** claim:

- **Your** name, address, contact information, and signature on the claim form.
- A description of the **condition** and **treatment you** are claiming.
- All applicable receipts including an itemized breakdown of the fees incurred for the **actual costs** after any discounts or credits.

Failure to provide complete information may result in:

- Denial of **your** claim.
- **You** submitting a new claim with all required details.

Claim forms are available online.

To make a claim, **you** or an authorized representative from **your veterinarian's** office must fill in the claim form. The claim forms must be submitted along with any itemized invoices for the **actual** costs incurred.

You must submit **your** claim within 270 days from the date of service.

Other Claim Procedures

When **you** submit a claim, **you** authorize **us** and **our administrator** to access all medical information and records that **we** need to assess **your pet's** health and **you** agree to provide **us** with any missing medical information and records. For example, **we** may ask **you** for the name and contact information of any **veterinarian** that has ever seen or treated **your pet**. **You** must also provide proof of identity for **your pet** when **we** request.

If **you** choose, **your veterinarian** can submit a claim on **your** behalf. If **you** so indicate on **your** claim form, **we** can pay the **veterinarian** directly.

Payment of one claim does not guarantee that **we** will pay additional claims.

Our Rights

If **we** pay a claim contrary to this **policy's** terms and **conditions**, that payment does not waive **our** rights to apply those terms and **conditions** to any paid or any future claim. In any case where **we** have agreed in writing to settlement of a claim, **we** will tender payment according to the terms of the agreement no later than 20 days after such settlement is reached. The tender of the payment is conditioned upon execution by **you** of a release mutually agreement to **you** and **us**. If payment is not tendered within the 20 days as advised, or such other date as the agreement may provide, it shall bear interest at a rate of 12 percent per year from the date of the agreement. If the tender of the payment is conditioned upon the execution of a release, the interest shall not begin to accrue until the executed release is tendered to us. **We** also have the right to recover from **you** any claim amount incorrectly paid.

RESOLVE A DISPUTE

If **you** want to dispute a settled claim or other action, follow the steps below.

Step One – Read this **policy** carefully.

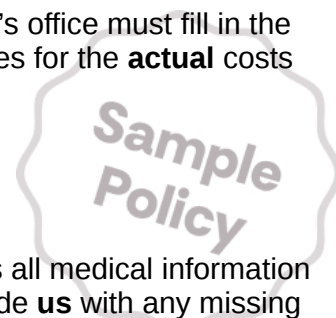
Step Two – To discuss **your** question or dispute, contact the Customer Satisfaction Department during regular business hours.

Step Three – If **your** question or dispute is not resolved in steps one and two, **you** must submit an appeal request in writing. In **your** written appeal request, please include:

- reason for **your** dispute
- claim numbers, medical records and supporting documentation if **your** dispute involves a claim
- other pertinent information that supports **your** position

You will receive a written decision from the Appeals Resolution Team within 30 days from the date all information necessary to investigate and review **your** appeal is received.

A second appeal will be considered if it is submitted with and supported by additional **veterinary** documentation not previously reviewed.



RENEWAL and NONRENEWAL

Unless **you** notify **our administrator** that **you** want to cancel or **we** advise that **your policy** will not be renewed, **we** will automatically issue **you** a new **policy** at the end of each 12-month **policy period**. **We** will provide the first named insured advance written notice of the renewal premium. We will provide such notice by sending a renewal **policy** together with a new Declarations page listing the renewal premium 45 days before the expiration of the **policy**. Coverage and rates are subject to change at **renewal**. If the renewed **policy** contains changes in **policy** terms, **we** will give the first named insured written notice of such changes 45 days prior to the expiration date of this **policy**. The renewed declarations page will specify the coverage and rates that apply.

We may decide to not renew **your** coverage at the end of any **policy period**. In this case, notice will be sent to **you** 45 days prior to the expiration date of this policy. Such notice will include the reason for nonrenewal.

POLICY CANCELLATION

Money Back Guarantee

If **you** provide notice, in accordance with the *When You Cancel* provision below, that **you** wish to cancel within the first 30 days from **your** first **effective date**, **we** will refund the premium paid if no **covered expenses** have been applied to **your** deductible or reimbursed.

If **you** submitted a claim during this time period, **we** will refund any premium in accordance with the *When You Cancel* section below.

When You Cancel

You must contact **us** via email, telephone or in writing to advise **us** of the future date when this policy is to cancel. **You** can send written notification by email, fax or by mail.

We will refund any premium that **you** have already paid for any period after **your** last date of coverage. The refund will be mailed to the first named insured within 15 working days after the effective date of cancellation.

When We Cancel

1. If cancellation occurs during the first 60 days of this **policy**, **we** will give the first named insured written notice of cancellation, as follows:

a. Immediately when:

- 1) There has been a material misstatement or misrepresentation; or
- 2) **You** have failed to comply with underwriting requirements established by **us**;

b. At least 10 days before the effective date of cancellation if this **policy** is cancelled for nonpayment of premium; or

c. At least 20 days before the effective date of cancellation if this **policy** is cancelled for any other reason.

2. If cancellation occurs after the first 60 days of this **policy**, **we** will give the first named insured written notice of cancellation, as follows:

a. At least 10 days before the effective date of cancellation if this **policy** is cancelled for nonpayment of premium; or

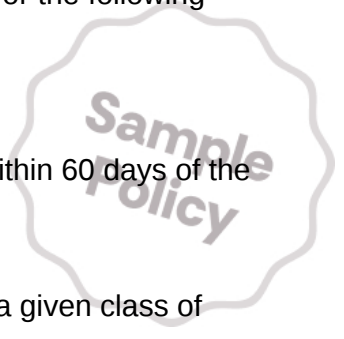
b. At least 45 days before the effective date of cancellation if this **policy** is cancelled for any other reason.

3. After a **policy** has been in effect for more than 60 days, **we** will only cancel for the following reasons:

- a. Nonpayment of premium;
- b. A material misstatement;
- c. A failure to comply with underwriting requirements established by us within 60 days of the date of effectuation of coverage;
- d. A substantial change in the risk covered by this **policy**; or
- e. When the cancellation is for all insureds under policies of this type for a given class of insureds.

4. Any notice of cancellation will include the reason or reasons for such cancellation.

5. If **we** cancel this **policy**, **we** will refund the gross unearned premium. The refund will be mailed to the first named insured within 15 working days after the effective date of cancellation.



GENERAL CONDITIONS

Action Against Us – To take any legal action against **us** or **our administrator** under this contract, **you** must have complied with all terms and conditions of this **policy**, including procedures for claim set forth for claims and resolving disputes. **You** have 5 years from the claim settlement date to proceed with an action. Every judgement or decree for the recovery of money entered in any of the courts of this state against us shall be fully satisfied within 60 days from and after the entry thereof or, in the case of an appeal from such judgement or decree, within 60 days from and after the affirmance of the same by the appellate court.

Change of Ownership – If **we** approve, **your pet's** coverage may be transferred when **you** transfer **pet** ownership by agreement or law.

Conformity to State Statutes – When any provision in this **policy** conflicts with the statutes of the state in which this **policy** is issued, that provision is amended to conform to such statutes.

Dual Coverage With Us – **We** will not insure **your pet** under more than one **pet** insurance **policy** during any **policy period**. If **we** find an insured has more than one such policy, coverage will be provided under the plan that has been in force for the longer period of time.

Enrollment Fee – An enrollment fee, listed on the declarations page, will be charged to new customers. Additional pets enrolled are not charged this fee.

Excess Insurance Limitation – This **policy** is excess of all other valid and collectible insurance. If at the time of **treatment**, there is other valid and collectible insurance in place, **we** shall only be liable for the excess of the amount of **treatment** not covered by the other insurance, and otherwise eligible under this **policy**.

Installment Payment – If **you** elect to pay **your** premium in monthly, quarterly, or semi-annual installments, **we** will charge **you** the non-refundable transaction fee listed on the declarations page. This fee is waived if **you** pay annually.

More than One Policyholder – If there is more than one policyholder, any policyholder may cancel or change this **policy**. Such action is binding on any and all policyholders.

Pet Residence Restriction – **Your pet** must reside with **you** at the primary address listed on the declarations page. 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.

Policy Changes – If **you** wish to make changes to **your** coverage, please contact **us**. Any change is subject to underwriting and **our** approval. Certain changes may result in a new enrollment, which would terminate **your** existing policy and will not be considered continuous coverage. A new enrollment will result in new waiting periods. Additionally, **conditions** that **occur** prior to this new enrollment will be considered **pre-existing**.

Promotional Items – From time to time, **we** may offer promotional items to show customer appreciation. Examples of such items are discounts, gift cards, related services and merchandise. The value of the promotional item will not be more than \$100 per insured or prospective insured in any calendar year.

Territory – To be eligible under this policy, **covered expenses** must be incurred during the **policy period** within the United States, its territories (Guam, Puerto Rico, and the U.S. Virgin Islands) and Canada.

Non-Insurance Services – **We** may offer **pet** related non-insurance services for **your pet**, in addition to the insurance benefits. **You** will be notified of the availability and details.

Coverage Information Requests and Complaint Assistance – If an insured needs information regarding coverage, has a coverage inquiry or needs assistance resolving a complaint arising out of or relating to this **policy**, **we** may be reached at 1-866-ARF-MEOW(1-866-273-6369).