

**SAFECO INSURANCE COMPANY OF AMERICA**  
(A Stock Insurance Company, hereinafter "Safeco," or "the Company")  
175 Berkeley Street  
Boston, MA 02116

## **PET HEALTH POLICY DECLARATIONS**

Policy Number: **8675309**

Territory: United States, United States territories, and Canada.

Congratulations, **Jane Smith**, and welcome to the Safeco Pet Insurance family!

This policy covers **Fluffy**, a **two-year-old Golden Retriever dog**, who lives with you, **Jane Smith**, at **233 S Wacker Dr, Chicago, IL 60606**, for Accident Benefits and Accidental Death Benefits, as well as office and exam fees for covered **Injuries**.

This policy starts on **January 1, 2021**. It is set to automatically renew on **January 1, 2022** unless you or we cancel it. Your **monthly** premium due to us is **\$75.04**.

After payment of your **\$250** annual **Deductible**, the **Reimbursement Rate** for your policy is **90%** of the cost of **Fluffy's** diagnoses and treatments in case they ever get **Injured** or suffer an **Illness**, up to an Annual Maximum of **\$10,000** per year. Your **Pet's** office visits and exam fees will be covered at the same **Deductible** and **Reimbursement Rate**. The Accidental Death Benefit for your pet is a fixed amount of **\$150**.

This policy may include **Waiting Periods** and Exclusions; please read your policy carefully.

**Don't forget: You have opted in for Wellness and Preventative Care coverage for a variety of benefits, which are reimbursed at 100% and carry no deductible.**

**30-DAY RIGHT TO EXAMINE AND CANCEL POLICY:** If you change your mind for any reason, you may return this policy to us within 30 days of its initial receipt and we will refund any premium paid, as long as you have not filed a claim.

ACCIDENT COVERAGE

Endorsement Effective Date: **January 1, 2021**  
**Waiting Period: 14 days**

**YOUR POLICY INCLUDES THE FOLLOWING BENEFIT ENDORSEMENTS**

ILLNESS, HEREDITARY AND CONGENITAL  
COVERAGE ENDORSEMENT

Endorsement Effective Date: **January 1, 2021**  
**Waiting Period: 14 days**

ALTERNATIVE MEDICINE/ BEHAVIORAL THERAPY  
COVERAGE ENDORSEMENT

Endorsement Effective Date: **January 1, 2021**  
**Waiting Period: 14 days**

WELLNESS AND PREVENTATIVE CARE  
COVERAGE ENDORSEMENT

Endorsement Effective Date: **January 1, 2021**  
**Waiting Period: 14 days**

This Policy is a legal contract between you and the Company.

The President and Secretary of Safeco witness this policy.

[\_\_\_\_\_  
President Secretary]

This Policy Declarations replaces any Declarations Page previously issued by Safeco to you.

## TABLE OF CONTENTS

AGREEMENT .....	4
INSURANCE LIMITS.....	4
BENEFITS AND COVERAGES .....	5
PRE-EXISTING CONDITION LIMITATION .....	6
EXCLUSIONS.....	6
CLAIMS CONDITIONS.....	8
TERMINATION .....	9
CHANGING COVERAGE.....	11
GENERAL CONDITIONS.....	11
DEFINITIONS.....	13

SAMPLE

## AGREEMENT

In return for your payment of all premiums and reliance upon statements in the application, we agree to provide the benefits and coverages provided under this policy shown in your Policy Declarations and subject to the terms, conditions, and limitations of this policy. The benefits, coverages, limits, **Deductibles**, and **Reimbursement Rates** are shown in your Policy Declarations. Your policy consists of the application, policy contract, Policy Declarations, and any endorsements applicable to the policy.

The annual aggregate limit and **Reimbursement Rate** apply to all benefits and coverages under the policy contract and all endorsements applicable to the policy.

## INSURANCE LIMITS

The Annual Aggregate Limit shown in your Policy Declarations is the maximum amount we will pay during the **Policy Year** for all **Covered Expenses** under all policy or any endorsement benefits for your **Pet**. The Annual Aggregate Limit will apply regardless of the number of:

1. benefits and coverages;
2. **Injuries**;
3. **Illnesses**;
4. **Incidents**;
5. **Treatments**;
6. **Veterinarians**; or
7. claims made.

Benefits and coverages under this policy are subject to you paying the **Deductible** shown in your Policy Declarations. We will reimburse you for **Covered Expenses**, less any applicable **Deductible** and **Reimbursement Rate**.

When applying an incident **Deductible**, we will consider ongoing **Treatments** related to the same event or diagnosis part of the same **Incident**.

The **Reimbursement Rate** shown in your Policy Declarations applies to all benefits and coverages in this policy.

## **BENEFITS AND COVERAGES**

### **ACCIDENT BENEFIT**

If your **Pet** suffers an **Injury**, we will pay the Accident Benefit Amount shown in your Policy Declarations. **Covered Expenses** are limited to:

1. **Treatment** that is required for an **Injury**;
2. The extraction of permanent teeth due to an **Injury**;
3. Up to two **Treatments** arising from the ingestion of a foreign body; and
4. **End of Life Expenses** up to \$250 incurred as a result of an **Injury**. **End of Life Expenses** are not subject to any applicable **Deductible** or **Reimbursement Rate**. You must submit invoices within 90 days from the cremation and/or burial facility showing proof of and amount of payment.

### **ACCIDENTAL DEATH BENEFIT**

If your **Pet** dies or is euthanized within 30 days of an **Injury** and as the direct result of the **Injury**, we will pay the Accidental Death Benefit Amount shown in your Policy Declarations. The Accidental Death Benefit is not subject to any applicable **Deductible** or **Reimbursement Rate**.

### **OFFICE VISIT AND EXAM FEES**

If your **Pet** visits a **Veterinarian** or specialist's office to diagnose a current covered **Injury**, we will pay the Office Visit and Exam Fees benefit as shown in your Policy Declarations. **Covered Expenses** are limited to:

1. Physical examinations including costs and/or fees for telephone consultation; and
2. The Office Visit and Exam Fees benefit is subject to any applicable **Deductible** or **Reimbursement Rate**.

## PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for any **Incident** that is the result of a **Pre-Existing Condition**. However, if your **Pet's Pre-Existing Condition** is curable, has been **Cured** and is free from treatment and symptoms for a period of 180 days, any subsequent **Incident** will be considered a new occurrence.

**Pre-Existing** ligament and knee conditions will not be considered **Cured**, regardless of any treatment or symptomless timeframes.

### EXTENDED WAITING PERIODS

Cruciate Ligament Injuries have a one year waiting period from the policy effective date before coverage becomes available.

## EXCLUSIONS

In addition to any benefit or coverage specific exclusion, we will not pay benefits for any **Incident** that directly or indirectly, in whole or in part, is caused by or results from any of the following, unless expressly covered in an attached endorsement:

1. **A Pet's Illness.**
2. Dental health care, including aesthetic, cosmetic, endodontic, or orthodontic dental services such as caps, crowns or crown amputation, fillings, implants and root canals or planing, unless injury to teeth is caused by an **Accident**.
3. **Incidents** resulting from any intentional, neglectful or preventable acts by you, a member of your immediate family, or a member of your household. This includes the failure to use/ implement preventative healthcare products or methods, including vaccinations. This would not deny coverage benefits to an innocent insured who did not commit and is not complicit in the intentional act that resulted in loss.
4. Any diagnosis or **Treatment** related to:
  - a. Breeding your **Pet**;
  - b. Your **Pet** being pregnant; or
  - c. Your **Pet** giving birth.
5. **Hereditary or Congenital Conditions.**
6. Hip dysplasia.
7. Prescribed diets, food, vitamins, and nutritional supplements.
8. Any of the following services, whether or not performed by a **Veterinarian**:
  - a. Holistic;
  - b. Homeopathic;
  - c. Acupuncture;
  - d. Chiropractic;
  - e. Hydrotherapy; and
  - f. Aromatherapy.
9. Organ and tissue transplants, prostheses and related services.
10. **Behavioral Problems** or the **Treatment** of behavioral problems.
11. Experimental or investigational **Treatment** or **Prescription Medication**, including

clinical trials, that is not generally accepted in the veterinary medical community as effective or proven.

12. Routine, **Wellness and Preventative Care**.
13. **Incidents** resulting from the use of your **Pet** for professional or commercial purposes. This exclusion does not apply to use of your **Pet** as a service animal.
14. **Incidents** resulting from the use of your **Pet** for, or during the course of committing, any unlawful acts.
15. Cosmetic procedures (dew claw removal, tail docking, ear cropping).
16. **Incidents** occurring outside of the territory listed in your Policy Declarations.
17. Any Claims caused by or as a result of: invasion; war or civil war; insurrection; rebellion; revolution; military or usurped power; or by operation of armed forces while engaged in hostilities; whether war be declared or not.
18. Services performed by a **Veterinarian** for their own pet; and
19. An **Epidemic**.

SAMPLE

## CLAIMS CONDITIONS

### CLAIM REQUIREMENTS

In the event you incur a loss, you must:

1. File a completed claim form with us within 180 days of the first date of **Treatment** or as soon as reasonably possible to do so. Claims filed 181 days after the first date of **Treatment** may be denied.
  - a. For **End of Life Expenses**, you must submit invoices within 90 days from the cremation and/or burial facility showing proof of and amount of payment.
2. Provide invoices from your **Pet's** treating **Veterinarian** listing the services performed, supplies provided and the itemized charges, including packages or discounts.
3. Provide a claim form with the name and address of the treating **Veterinarian**.

We will pay benefits due under this policy after we receive a completed claim form and required documentation that supports the claim. We will pay or deny claims upon receipt of all required information needed to properly adjudicate the claim.

### RIGHT TO INFORMATION

We have the right to ask for and obtain information from the treating **Veterinarian** or from you to investigate any claim.

### RIGHT TO EXAMINE

While a claim is pending, we may, at our expense, require any covered **Pet** to be examined by a **Veterinarian** of our choice as often as reasonably necessary.

### CLAIMS UNDER INVESTIGATION

Claims under investigation may be ineligible for payment until the investigation is complete. If a claim has been submitted for appeal, any future claims related to appealed issues will not be adjusted until the investigation is complete and a resolution has been reached.

### REQUIRED LEVEL OF CARE

Prior to obtaining coverage, you must obtain a physical exam for your **Pet** from a **Veterinarian**. If you do not obtain a physical exam for your pet prior to applying for coverage, we may decline coverage for your pet.

You must follow and carry out any and all **Veterinarians'** advice and exercise reasonable care to protect your **Pet** from harm. Your **Pet** must receive all **Treatments** advised by your **Veterinarian**. Your **Pet** should receive an annual physical exam, as well as all prescribed vaccines, heartworm, and flea and tick prevention advised by your **Veterinarian**.

### CONTINUING CLAIMS

Coverage for ongoing covered **Incidents** is allowed only if there is an active policy in force that is annually renewed and continuously maintained. Claims for **Treatment** incurred or rendered subsequent to the termination of this policy are not covered even if the claim for a covered **Incident** arises out of a medical condition that commenced prior



to the termination of the policy. Continuing coverage for a covered claim from a preceding policy is subject to the terms of this policy.

#### SUBROGATION

If, following a claim, you have rights to recover all or part of any payment we have made under this policy, those rights are transferred to us.

#### RIGHT OF RECOVERY

If we overpay a benefit, we have the right to recover the amount overpaid by either a request for lump sum payment of the overpaid amount or a reduction of any amounts payable to you under this policy.

#### RESOLVE A DISPUTE

If you want to dispute a settled claim, follow the steps below.

1. Read this policy carefully.
2. To discuss your question or dispute, contact us at 1(800) 332-3226 during regular business hours.
3. If your question or dispute is not resolved in steps one or two, you must submit an appeal request in writing. In your written appeal request, please include:
  - a. reason for your dispute,
  - b. claim numbers, medical records and supporting documentation if your dispute involves a claim, and
  - c. other pertinent information that supports your position.

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

#### 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 in the Claims Conditions section and Resolve a Dispute section above. You have 12 months from the claim settlement date to proceed with action unless state law requires a longer period.

#### COOPERATION

You must cooperate with us in the investigation or settlement of any claim.

### TERMINATION

#### AUTOMATIC RENEWAL

We will automatically renew this policy at the end of the **Policy Year** shown in your Policy Declarations unless we otherwise notify you of a nonrenewal. We may change the premium, **Reimbursement Rate**, **Deductible**, and policy terms and conditions at renewal. We will provide you with written notice of all changes. Any changes that restrict, limit or otherwise lower coverage, must be agreed upon by you at the time of renewal before becoming effective. Payment of your renewal is all that is necessary to indicate your acceptance of the new terms.

## TERMINATION

### Cancellation by You

You may cancel your policy at any time by providing us with a request over the phone or in writing. Your cancellation request can be effective immediately or on any date selected by you, up to 60 days in advance.

### Cancellation by Us

We may cancel this policy at any time by mailing or delivering written notice of cancellation to you at least:

- a. 20 days before the date cancellation becomes effective if cancellation is for nonpayment of Premium; or
- b. 30 days before the date cancellation becomes effective if cancellation is for any other reason.

Notice of cancellation will state the date of cancellation. The policy will end on the date specified in the notice of cancellation.

We will provide notice of cancellation to you at the last mailing address known to us.

We may elect not to renew this policy and may do so by providing you written notice of our election not to renew at least 60 days prior to the end of the **Policy Year** shown on your Policy Declarations.

## OTHER TERMINATION PROVISIONS

If this policy is cancelled for any reason other than as provided in the 30-Day Right To Examine And Cancel Policy, we will refund you a portion of the premium paid, calculated on a pro-rata basis. The cancellation will be effective even if we have not already made or offered a refund.

## FRAUD

This policy was issued in reliance upon the information provided on your application. We may void this policy if you have intentionally concealed or misrepresented any material fact or circumstance or engaged in fraudulent conduct at the time application was made or any time during the policy period.

We may void this policy or deny coverage for a loss or occurrence if you have intentionally concealed or misrepresented any material fact or circumstance, or engaged in fraudulent conduct, in connection with the presentation or settlement of a claim.

We may void this policy or deny coverage because of fraud or material misrepresentation even after a loss or occurrence. This means we will not be liable for any claims or damages which would otherwise be covered. If we make a payment, we may request that you reimburse us. If so, you must reimburse us for any payments we may have already made.

## AUTOMATIC TERMINATION

If you move to a state where this policy is not available, your coverage under this policy will automatically terminate 30 days after we receive notification of such move.

## CHANGING COVERAGE

You may apply for a change in your coverage at any time during the **Policy Year** by providing us with a written request.

1. A request for a reduction of your **Pet's** coverage will become effective the day after we receive the request.
2. A request for an increase of your **Pet's** coverage will become effective, subject to our approval, as shown in your replacement Policy Declarations. A new Effective Date for the calculation of your **Deductible** and **Reimbursement Rate** may apply when you change your coverage.

Any increase in coverage will be subject to an additional **Waiting Period** beginning on the new Effective Date shown in your Policy Declarations. Current coverage will not incur new Waiting Period or be subjected again to the pre-existing coverage limitation.

If you choose to increase your coverage, any covered **Incident** first diagnosed or treated before the change was made will be subject to the Annual Maximum, **Deductible** and **Reimbursement Rate** in place at the time the **Incident** was first diagnosed or treated.

If you choose to decrease your coverage, any covered **Incident** first diagnosed or treated before the change was made will be subject to the new Annual Maximum, **Deductible** and **Reimbursement Rate**.

## GENERAL CONDITIONS

### COVERAGE

Prior to obtaining coverage, you must obtain a physical exam for your Pet from a **Veterinarian**. If you do not obtain a physical exam for your pet prior to applying for coverage, we may decline coverage for your pet.

### TERRITORY

Coverage under this policy applies only to **Incidents** that occur and are treated within the Territory shown in your Policy Declarations. No coverage exists for a covered **Incident**, **Treatment** or event that occurs outside of the Territory.

### OTHER INSURANCE

If a claim arises under this policy and your **Pet** is covered under any other insurance, this policy will be considered excess insurance. This policy will only respond to claim amounts remaining after all other valid and collectible insurance has been exhausted, subject to the terms and conditions of this policy.

### CHANGE OF ADDRESS

You agree to notify us in the event that your mailing address, email address, or other contact information changes. You may notify us in writing at the address shown in your Policy Declarations.

#### CONFORMITY WITH LAW

Any provision of this policy that, on its effective date, conflicts with the laws of the Governing Jurisdiction is hereby amended to conform to the minimum requirements of such law.

#### PROMOTIONAL OFFERS

From time to time, at our option and in compliance with all applicable law, you may receive certain promotional offers. These offers include but are not limited to gift cards, coupons, gift certificates, items of merchandise, and similar promotional items, but in no event will promotional items exceed a value of \$25.00.

SAMPLE

## DEFINITIONS

As used in this policy, “you” and “your” refer to the **Owner** listed on the Declarations Page. “We” and “us” refer to the Company. Capitalized and bolded words and terms have the meanings set forth below.

**Behavioral Problem** means 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.

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

**Covered Accident** means a sudden, unexpected, specific and abrupt event that is external to the body and occurs by chance at an identifiable time and place that:

1. Occurs after the benefit **Waiting Period**;
2. Occurs while coverage for a **Pet** under this policy is in force; and
3. Is not otherwise excluded under the terms of this policy.

**Covered Expenses** means the actual costs you have paid out of pocket that are not covered by any other insurance or benefit program for the **Treatment** of your **Pet**.

**Cured** mean the point at which a **Pet** is free from a condition, with no further symptoms or **Treatments**, as determined by a **Veterinarian**.

**Deductible** means the amount you must pay before we become responsible for the payment of any benefits and coverages under this policy.

**End of Life Expenses** means:

1. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of an **Injury**; and
2. Cremation or burial expenses as the result of an **Injury**.

**End of Life Expenses** do not include funeral expenses, memorial items, urns, caskets, burial plots or burial plot maintenance fees.

**Epidemic** means a contagious disease that spreads rapidly and widely among the population in an area and that is recognized as an epidemic or outbreak by the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and/or the Department of Agriculture.

**Hereditary Condition** means an abnormality that is genetically transmitted from parent to offspring and may cause **Illness** or disease.

<b>Illness</b>	means a physical disease, sickness, infection, condition or failure that is not caused by a <b>Covered Accident</b> .
<b>Incident</b>	means a specifically identifiable <b>Injury</b> . Recurring, related or chronic conditions will be deemed one <b>Incident</b> .
<b>Injury</b>	means the physical damage or bodily injury to your <b>Pet</b> caused by a <b>Covered Accident</b> .
<b>Medically Necessary</b>	means medical services, supplies or care provided to your <b>Pet</b> that are required to diagnose or treat symptoms and are accepted as good veterinary practice standards.
<b>Owner</b>	means the owner named on the Declarations Page.
<b>Pet</b>	means the animal or animals listed on the Declarations Page.
<b>Policy Year</b>	means the period that begins on the Effective Date stated on the Declarations Page and ends on the renewal, termination, expiration or cancellation of this policy.
<b>Pre-Existing Condition</b>	means any <b>illness</b> or <b>injury</b> that occurred or existed, whether or not diagnosed, prior to the Policy Effective Date or during the applicable <b>Waiting Period</b> as shown in your Policy Declarations. This includes conditions that are related to, secondary, or otherwise resulting from a <b>Pre-Existing Condition</b> .
<b>Prescription Medication</b>	means <b>Medically Necessary</b> medicine prescribed by a <b>Veterinarian</b> .
<b>Reimbursement Rate</b>	means the percentage of a Covered Expense for which we are responsible to pay after you meet your Deductible.
<b>Treatment</b>	means any <b>Medically Necessary</b> examination, consultation, advice, service, hospitalization, confinement, diagnostic test, x-ray, <b>Prescription Medication</b> , surgery, nursing, care and physical rehabilitation provided or prescribed by a <b>Veterinarian</b> .
<b>Veterinarian</b>	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.  <b>Veterinarian</b> does not include you, a member of your immediate family, or a member of your household.
<b>Waiting Period</b>	means: <ol style="list-style-type: none"> <li>1. With respect to a <b>Pet</b> that has been covered since the Policy Effective Date, the number of days shown in your Policy Declarations that must pass after the Policy Effective Date before coverage begins; or</li> <li>2. With respect to a <b>Pet</b> that has been added to the policy after the Policy Effective Date, the number of days shown in your Policy Declarations that must pass after the date the new <b>Pet</b> is added before coverage begins.</li> </ol>

No benefits will be paid during the **Waiting Period**.

The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this policy.

**Wellness and Preventative  
Care**

means any routine and/or preventive care provided to your **Pet** as well as any service that is not directly related to the **Treatment of an Incident**.

**Wellness and Preventative Care** may include, but are not limited to, general health maintenance, diagnostics, laboratory procedures, medications, physical examinations and surgeries performed or provided.

SAMPLE

SAFECO INSURANCE COMPANY OF AMERICA

---

**Owner:** Jane Smith  
**Policy Number:** 5675309  
**Pet Name[s]:** Fluffy  
**Endorsement Effective Date:** January 1, 2021

---

**ILLNESS, HEREDITARY AND CONGENITAL COVERAGE ENDORSEMENT**

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

The policy is hereby amended to include **Illness, Hereditary Condition** and **Congenital Condition** coverage as provided by this endorsement.

**BENEFITS AND COVERAGES**

**Waiting Period** 14 days

**HEREDITARY AND CONGENITAL BENEFIT**

Benefit Amount 90% of **Covered Expenses** incurred

**HIP DYSPLASIA BENEFIT**

Benefit Amount 90% of **Covered Expenses** incurred

**ILLNESS BENEFIT**

Benefit Amount 90% of **Covered Expenses** incurred

**OFFICE VISIT AND EXAM FEES**

Benefit Amount 90% of **Covered Expenses** incurred

---



## HEREDITARY AND CONGENITAL BENEFIT

If your **Pet** is diagnosed with a covered **Hereditary Condition** or **Congenital Condition**, we will pay the Hereditary and Congenital Benefit Amount shown under Benefits and Coverages. **Covered Expenses** are limited to:

1. **Treatment** that is required for a covered **Illness**;
2. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of a covered **Illness**; and
3. End of Life Expenses up to \$250 as the result of a covered **Illness**. **End of Life Expenses** are not subject to any **Deductible** or **Reimbursement Rate**. You must submit invoices within 90 days from the cremation and/or burial facility showing proof of and amount of payment.

## HIP DYSPLASIA BENEFIT

If your **Pet** is diagnosed with hip dysplasia, we will pay the Hip Dysplasia Benefit Amount shown in the Benefits and Coverages section. **Covered Expenses** are limited to:

1. **Treatment** that is required for a covered **Illness**;
2. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of a covered **Illness**; and
3. **End of Life Expenses** up to \$250] as the result of a covered **Illness**. **End of Life Expenses** are not subject to any **Deductible** or **Reimbursement Rate**. You must submit invoices within 90 days from the cremation and/or burial facility showing proof of and amount of payment.

## ILLNESS BENEFIT

If your **Pet** is diagnosed with a covered **Illness**, we will pay the Illness Benefit Amount shown in the Benefits and Coverages section. **Covered Expenses** are limited to:

1. **Treatment** that is required for a covered **Illness**;
2. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of a covered **Illness**; and
3. **End of Life Expenses** up to \$250 as the result of a covered **Illness**. **End of Life Expenses** are not subject to any **Deductible** or **Reimbursement Rate**. You must submit invoices within 90 days from the cremation and/or burial facility showing proof of and amount of payment.

## OFFICE VISIT AND EXAM FEES

If your **Pet** visits a **Veterinarian** or specialist's office to diagnose a current covered **Injury** or **Illness**, we will pay the Office Visit and Exam Fees benefit as shown in the Benefits and Coverages section. **Covered Expenses** are limited to:

1. Physical examinations including costs and/or fees for telephone consultation;
2. Food prescribed by a **Veterinarian** as the sole **Treatment** for an **Illness**, up to [\$250] per

- Policy Year**; and
3. The Office Visit and Exam Fees benefit is subject to any applicable **Deductible** or **Reimbursement Rate**.

### DEFINITIONS

For the purposes of the coverage provided by this endorsement, the policy terms below will be defined as follows:

**End of Life Expenses**

means:

1. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of an **Illness**, and
2. Cremation or burial expenses as the result of an **Illness**.

**End of Life Expenses** do not include funeral expenses, memorial items, urns, caskets, burial plots or burial plot maintenance fees.

**Incident**

means a specifically identifiable **Injury** or **Illness**. Recurring, related or chronic conditions will be deemed one **Incident**.

**Pre-Existing Condition**

means any illness or injury that occurred or existed, whether or not diagnosed, prior to the Endorsement Effective Date or during the applicable **Waiting Period** as shown in the Benefits and Coverages section.

**Waiting Period**

means:

1. With respect to a **Pet** that has been covered since the Endorsement Effective Date, the number of days shown in the Benefits and Coverages section that must pass after the Endorsement Effective Date before coverage begins; or
2. With respect to a **Pet** that has been added to the policy after the Endorsement Effective Date, the number of days shown in the Benefits and Coverages section that must pass after the date the new **Pet** is added before coverage begins.

No benefits will be paid during the **Waiting Period**.

The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this endorsement.

## EXCLUSIONS

With respect to the coverage provided by this endorsement, we will not pay benefits for any **Incident** that directly or indirectly, in whole or in part, is caused by or results from any of the following:

1. Fragmented Coronoid Process (FCP), Ununited Acetabular Process (UAP);
2. Obesity, unless due to an underlying medical condition;
3. Osteochondritis Dissecans (OCD) including but not limited to the hock, elbow, carpus and shoulder;
4. Osteochondrosis;
5. Arthritis;
6. Spondylosis;
7. Luxating patella;
8. Gastropexy unless needed to treat gastric dilation volvulus (bloat);
9. Any condition that occurs in an unsterilized **Pet** that could have been prevented by sterilization of your **Pet**. These conditions include, but are not limited to, those relating to prostate glands, testes, uteri, ovaries, perianal tumors or mammary tumors;
10. Age-related changes to your **Pet's** eyes or ears including nuclear sclerosis, iris atrophy, vitreal degeneration, or loss of sight or hearing once your **Pet** reaches the age of six;
11. Diagnostics, treatments and prevention of parasites, including but not limited to: roundworms; tapeworms; hookworms; heartworms; fleas; ticks; and giardia; or
12. Dental **Treatments** or routine cleanings that are not the result of a **Covered Injury or Illness**.

## EXEMPTED EXCLUSIONS

The following base policy exclusions do not apply to coverage specifically provided under this endorsement:

1. A **Pet's Illness**.
2. **Hereditary or Congenital Conditions**.
3. Hip dysplasia.

**SAFECO INSURANCE COMPANY OF AMERICA**

---

<b>Owner:</b>	Jane Smith
<b>Policy Number:</b>	5675309
<b>Pet Name[s]:</b>	Fluffy
<b>Endorsement Effective Date:</b>	January 1, 2021

---

**ALTERNATIVE MEDICINE AND BEHAVIORAL THERAPY COVERAGE ENDORSEMENT**

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

The policy is hereby amended to include alternative medicine and behavioral therapy coverage as provided by this endorsement.

**BENEFITS AND COVERAGES**

**Waiting Period**

14 days

**ALTERNATIVE MEDICINE BENEFIT**

Benefit Amount 90% of **Covered Expenses** incurred

**BEHAVIORAL THERAPY BENEFIT**

Benefit Amount 90% of **Covered Expenses** incurred

Benefit Maximum 5 Therapy Sessions per **Policy Year**

**OFFICE VISIT AND EXAM FEES**

Benefit Amount 90% of **Covered Expenses** incurred

---

**ALTERNATIVE MEDICINE BENEFIT**

If, as the result of a covered **Incident**, your **Pet** is prescribed alternative medical care, we will pay the Alternative Medicine Benefit shown under Benefits and Coverages for **Covered Expenses** you incur for care or **Treatment** provided to your **Pet**, subject to the following:

1. **Incidents** must be diagnosed, and alternative care prescribed by a **Veterinarian**;
2. Covered alternative care is limited to holistic therapy, homeopathic therapy, acupuncture, chiropractic therapy; hydrotherapy; aromatherapy, and physiotherapy; and
3. Care must be performed by a **Veterinarian** registered as a member of one of the following:
  - a. American Veterinary Chiropractic Association;

- b. Academy of Veterinary Homeopathy;
- c. American Academy of Veterinary Acupuncture;
- d. American Association of Rehabilitation Veterinarians; or
- e. American Holistic Veterinary Medical Association.

## BEHAVIORAL THERAPY BENEFIT

If your **Pet** is diagnosed with a behavioral problem requiring medical or therapeutic modification, we will pay the Behavioral Therapy Benefit shown in the Benefits and Coverages section for **Covered Expenses** you incur for required **Prescription Medication** or therapy sessions provided to your **Pet**, subject to the following:

1. The **Behavioral Problem** must be diagnosed by a **Veterinarian**;
2. Treatment for a **Behavioral Problem** must be performed by a veterinarian or through a written referral by a veterinarian to an 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); and
3. We will not pay for any service provided to your **Pet** beyond the Behavioral Therapy Benefit Maximum shown in the Benefits and Coverages section.

## OFFICE VISIT AND EXAM FEES

If your **Pet** visits a **Veterinarian** or specialist's office to diagnose a current covered **Injury** or **Illness**, we will pay the Office Visit and Exam Fees benefit as shown in the Benefits and Coverages section. **Covered Expenses** are limited to:

1. Physical examinations including costs and/or fees for telephone consultation;
2. Food prescribed by a **Veterinarian** as the sole **Treatment** for an **Illness**, up to [\$250] per **Policy Year**; and
3. The Office Visit and Exam Fees benefit is subject to any applicable **Deductible** or **Reimbursement Rate**.

## DEFINITIONS

For the purposes of the coverage provided by this endorsement, the policy terms below will be defined as follows:

**Behavioral Problem** means 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.

- Incident** means a specifically identifiable **Injury** or **Illness**. Recurring, related or chronic conditions will be deemed one **Incident**.
- Pre-Existing Condition** means any **Illness** or **Injury** that occurred or existed, whether or not diagnosed, prior to the Endorsement Effective Date or during the applicable **Waiting Period** as shown in the Benefits and Coverages section.
- Waiting Period** means:
1. With respect to a **Pet** that has been covered since the Endorsement Effective Date, the number of days shown in the Benefits and Coverages section that must pass after the Endorsement Effective Date before coverage begins; or
  2. With respect to a **Pet** that has been added to the policy after the Endorsement Effective Date, the number of days shown in the Benefits and Coverages section that must pass after the date the new **Pet** is added before coverage begins.
- No benefits will be paid during the **Waiting Period**.
- The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this endorsement.

#### **EXEMPTED EXCLUSIONS**

The following base policy exclusions do not apply to coverage specifically provided under this endorsement:

1. Any of the following services, whether or not performed by a **Veterinarian**:
  - a. Holistic;
  - b. Homeopathic;
  - c. Acupuncture;
  - d. Chiropractic;
  - e. Hydrotherapy; and
  - f. Aromatherapy.
2. **Behavioral Problems** or the **Treatment** of behavioral problems.

**SAFECO INSURANCE COMPANY OF AMERICA**

---

**Owner:** Jane Smith  
**Policy Number:** 5675309  
**Pet Name[s]:** Fluffy  
**Endorsement Effective Date:** January 1, 2021

---

**WELLNESS AND PREVENTATIVE CARE COVERAGE ENDORSEMENT**

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

**SCHEDULE OF BENEFITS**

**Waiting Period** 14 days

**WELLNESS BENEFIT**

Benefit Amount	100% of <b>Covered Expenses</b> incurred up to the following:
Routine Dental Cleaning	\$100
Routine Physical Examination	\$80
Fecal Examination	\$30
Intestinal De-Worming	\$30
Heartworm Test	\$30

**PREVENTATIVE CARE BENEFIT**

Benefit Amount	100% of <b>Covered Expenses</b> incurred up to the following:
Flea and Tick Prevention	\$100
Heartworm Prevention	\$50
Prescribed Vitamin Supplements	\$50
Boosters and Vaccinations	\$60

---

## WELLNESS BENEFIT

If your **Pet** receives wellness services, we will pay the Wellness Benefit Amount shown in the Schedule of Benefits, subject to the following:

1. We will pay for one (1) routine dental cleaning benefit per **Policy Year**;
2. We will pay for one (1) routine physical benefit per **Policy Year**;
3. We will pay for up to two (2) fecal examination benefits per **Policy Year**;
4. We will pay for one (1) deworming benefit per **Policy Year**;
5. We will pay for up to two (2) heartworm test benefits per **Policy Year**; and
6. Services and care provided must be for the purpose of general wellbeing and independent of any specific **Incident**.

This benefit is not subject to any **Reimbursement Rate** or **Deductible**.

## PREVENTATIVE CARE BENEFIT

If your **Pet** receives preventative care, we will pay the Preventative Care Benefit Amount shown in the Schedule of Benefits, subject to the following:

1. We will only pay for one (1) flea and tick prevention benefit per **Policy Year**;
2. Boosters and vaccinations must be prescribed and administered by a **Veterinarian**.  
Such prescribed annual vaccinations and boosters are limited to:

- i. For dogs:
  - a. Adenovirus;
  - b. Bordetella;
  - c. Chlamydia;
  - d. Coronavirus;
  - e. Distemper;
  - f. Influenza;
  - g. Leptospirosis;
  - h. Lyme;
  - i. Parainfluenza;
  - j. Parvovirus;
  - k. Rabies; or
  - l. Rattlesnake.
- ii. For cats:
  - a. Calicivirus;
  - b. Chlamydiosis;
  - c. Influenza;
  - d. Leukemia;
  - e. Panleukopenia;
  - f. Rabies; or
  - g. Rhinotracheitis.

3. Titers will be allowed to be substituted for vaccinations listed in item 2. No additional benefits will be paid for vaccines if the results of the titer determine the vaccination is



- needed. You will be responsible for those charges;
4. We will only pay for one (1) Prescribed Vitamin Supplement benefit per **Policy Year**;
  5. We will only pay a spaying or neutering benefit once during the life of your **Pet**; and
  6. We will not pay for the prevention of any **Illness** that has already been diagnosed or has begun to show symptoms.

This benefit is not subject to any **Reimbursement Rate** or **Deductible**.

## DEFINITIONS

For the purposes of the coverage provided by this endorsement, the policy terms below will be defined as follows:

- Incident** means a specifically identifiable **Injury** or **Illness**. Recurring, related or chronic conditions will be deemed one **Incident**.
- Pre-Existing Condition** means any illness or injury that occurred or existed, whether or not diagnosed, prior to the Endorsement Effective Date or during the applicable **Waiting Period** as shown in the Schedule of Benefits.
- Prescription Food** means a manufactured therapeutic diet with guaranteed analysis and safety standards that is used as treatment of a specific covered medical condition. A veterinarian must prescribe the diet. Prescription foods do not include treats, general health maintenance diets, weight loss diets, puppy or kitten diets, homemade diets, or raw food diets, even if prescribed or dispensed by a veterinarian.
- Treatment** means any examination, consultation, advice, service, hospitalization, confinement, diagnostic test, x-ray, **Prescription Medication**, **Prescription Food** and vitamin supplements, surgery, nursing, care and physical rehabilitation provided or prescribed by a **Veterinarian** for the purpose of general wellbeing or **Illness** prevention.
- Waiting Period** means:
1. With respect to a **Pet** that has been covered since the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the Endorsement Effective Date before coverage begins; or
  2. With respect to a **Pet** that has been added to the policy after the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the date the new **Pet** is added before coverage begins.

No benefits will be paid during the **Waiting Period**.

The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this endorsement.

### EXEMPTED EXCLUSIONS

The following base policy exclusions do not apply to coverage specifically provided under this endorsement:

1. Prescribed diets, food, vitamins, and nutritional supplements.
2. Routine, **Wellness and Preventative Care**.

SAMPLE

**SAFECO INSURANCE COMPANY OF AMERICA**

---

**Owner:** Jane Smith  
**Policy Number:** 5675309  
**Pet Name[s]:** Fluffy  
**Endorsement Effective Date:** January 1, 2021

---

**STATE AMENDATORY ENDORSEMENT**

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

The policy is hereby amended as follows:

~STATE- SPECIFIC LANGUAGE~

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

SAMPLE