

ManyPets

Pet Health Insurance Policy for [Pet's name]



MANYPETS.COM

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Declarations

[Pet's name]'s pet insurance

This document summarizes some key information associated with **your** policy but please read this with the attached documents listed at the bottom of this page to understand all **your** Policy coverage details.

What you've told us about you

Your name is [Pet Parent's name] and **your** mailing address is [address]. **We** can contact **you** by phone at [telephone number] and by e-mail at [e-mail address].

What you've told us about [Pet's name]

[Pet's name] is a [species] and is [pets age in months and/or years] old.

[He/She] is a [breed] and is living in [state] at zip code [zip code].

What you should know about your coverage

Your Policy [starts, renews] at 12:01 a.m. Standard Time at [Pet's name]'s zip code on [Policy Effective Date] and runs continuously until cancelled or is renewed on the **anniversary date**.

[Policy Effective Date, Anniversary Date] is known as **your** ["policy effective date", "anniversary date"] for the **policy term**.

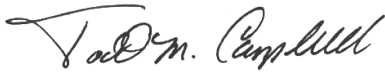
Your Policy number is [policy number]. **Your** annual premium is \$[annual premium], making your monthly premium payment \$[x][, which includes a [xx%] discount].

Your annual aggregate Policy limit is [unlimited,\$XX] for approved **illness** and **injury** treatments. **We** will pay [reimbursement level] of each approved claim, also known as **your** **reimbursement level**. **You** also have selected an annual **deductible** of \$[xx].

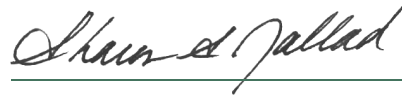
The following forms make up this policy and are all attached for your convenience:

Form name	Form number
Declarations	MPDEC 02/2021
Policy	MPPOL 02/2021
[State Amendatory endorsement–State]	MPSAE[XX] 02/2021
Signature endorsement	MPSIG

Please reach out with any questions or changes to the above information.



Todd M. Campbell
CEO, President



Sharon S. Jallad
COO, Secretary



Policy form

I [Pet's name]'s Pet Insurance policy.

Ia The basics.

This document along with the **declarations** and any endorsements that are attached are considered to be the entire insurance policy covering [Pet's name]. **We** will use "Policy" going forward to reference all of these documents unless **we** mention a specific document that **we** would like **you** to review.

Coverage begins on the **policy effective date** listed on the **declarations** and continues until cancelled.

By the way, **you** can check out the handy glossary at the end of this document – Section 6, to be exact – to learn how **we** define any words or phrases in **bold**. Let's get started.

Ib The insurance agreement.

We provide the insurance described in this Policy in return for timely premium payments, subject to the provisions outlined in this Policy.

Ic Your Pet.

Whenever **we** say "**your pet**" in the rest of the document, **we** mean [Pet's name], who is also described on the **declarations**.

Please make sure [Pet's name] meets the following requirements to receive the coverage described in this Policy:

- a [Pet's name] must be a domestic [species] that is owned for companionship or as a **service animal**; not owned for commercial reasons (see Section 3 for details).
- b [Pet's name] must be owned by **you** and living at the **zip code** listed on the **declarations**.

Please let **us** know as soon as possible if [Pet's name] doesn't meet these requirements or if **you** have any questions.

Id Waiting periods when you first buy.

- a **We** don't pay claims that result from any **injury** that occurs within the first 15 days of the **policy effective date**, or from any **illness** that occurs or recurs within the first 15 days of the **policy effective date**.

But...

- b The above **waiting periods** may be waived if **you're** are able to provide proof that [Pet's Name] was covered by another valid pet insurance policy leading up to the **policy effective date**. The prior insurance must have been in force at least 24 hours before the **policy effective date**. This waiver does not alter the **pre-existing conditions** exclusion, described in Section 3 below.

1e What We need from you.

Routine Care

You'll need to provide [Pet's name] with **routine care**, which includes:

- a Annual health and dental check-ups
- b Routine healthcare and **vaccinations**

In addition to **vaccinations**, examples of routine healthcare include: prophylactic medications, flea control, heartworm medication, de-worming, dental health care, ear plucking, grooming, special diets, foods, vitamins and prudent regular care.

Routine care will ensure that [Pet's name] remains a healthy member of **your family**.

If a lack of check-ups, **vaccinations** or other **routine care** is a direct factor in [Pet's name]'s **injury** or **illness**, no coverage will be provided. **We** may request evidence of this if **you** make a claim.

2 What We cover.

2a [Pet's Name]'s Coverage: Accident or Illness.

We provide coverage for **accidents** and **illnesses** that may occur to [Pet's name] during the **policy term**. All **accident** and **illness** claims that may arise, resulting in a **veterinary exam**, may be submitted to **our** claims team for review (See [Section 4](#) for details).

If [Pet's Name] has an **accident** that results in an **injury** or develops an **illness** during the **policy term**, we'll pay the cost of any of the items below when recommended by a **veterinarian**:

- a **Veterinary examinations** or consultations that are required to help treat or diagnose an **illness** or **injury**.
- b Laboratory, X-rays and other diagnostic tests;
 - These are tests used to determine [Pet's name]'s overall health. Diagnostic tests can be used as a way to detect certain abnormalities.
- c Medication;
 - These are any **veterinarian** prescribed medications which are approved by the Food and Drug Administration (FDA) for veterinary use and deemed to be **medically necessary**.
- d Treatment;
 - This would be any rehabilitation, acupuncture or chiropractic treatment deemed both **medically necessary** and administered by a **veterinarian**.
- e Surgeries;
 - These are procedures that treat **illnesses** or **injuries** by operative manual and instrumental treatment.
- f Supplies;
 - These are any items that are **medically necessary**, as determined by the **veterinarian**, that are safe and effective for its intended use, and that omission would adversely affect [Pet's name].
- g Hospitalization;
 - Boarding [Pet's name] at a veterinary clinic or hospital as required by **your veterinarian** to deliver nursing care, administer medication to or monitor [Pet's name].
- h Euthanasia and cremation.

The above items must be provided by a **veterinarian** or their staff under their direct supervision and must be **medically necessary**.

3 What don't We cover?

3a Exclusions.

We don't pay for:

- a Claims for **accidents** or **illnesses** that meet the definition of a **pre-existing condition**.
- b Future treatment of any **injuries** or **conditions** of a leg when cruciate ligament problems to any other leg existed prior to this **policy effective date** have been identified, regardless of whether or not the new signs or symptoms are related to such cruciate ligament problems. Cruciate ligament problems refer to any strain, sprain, rupture, tear, or degeneration of any cruciate ligament in [Pet's name]'s knee.
- c Claims related to hip dysplasia if [Pet's name] is six (6) years of age or older on the **policy effective date** or [Pet's name] has been previously diagnosed or treated for hip dysplasia.
- d **Routine care**, including: **vaccinations** or titer testing, flea control, heartworm, medication, deworming, special diets, foods, vitamins, nail trimming and/or grooming.
- e Training, therapy, medications, or other methods or forms of treatment related to or for behavioral modification under this Policy.
- f Claims for elective, cosmetic, and/or preventive procedures including but not limited to:
 - Tail docking; ear cropping; declawing; micro-chipping; dew claw removal; ear cleaning.
- g Spaying or neutering.
- h Dental health care, which is the regular care required to maintain dental hygiene for [Pet's name], including: brushing, scaling, and polishing.
- i Parasite control including but not limited to internal and external parasites for which readily available prophylactic treatments are available.
- j Anal gland expression.
- k Claims for the following when they are not related to an **accident** or **illness**:
 - Boarding or transport expenses;
 - Breeding or **conditions** relating to breeding, whelping, and queening; and
 - Feeding, housing or exercise.
- l Hydrotherapy, homeopathic and herbal medicines, acupuncture, physiotherapy, osteopathy or laser therapy unless administered by a **veterinarian** and is due to an **accident** or **illness**.
- m Pets that **you** no longer own or no longer are living with **you** at the **zip code** shown in the **declarations**.

- n Pets that are less than 8 weeks old or greater than 14 years old on the **policy effective date**.
- o Cloning, genetic testing, and/or participating in clinical trials and/or research.
- p Pets owned for commercial reasons, including but not limited to pets used for racing, breeding or guarding.
- q Pets excluded in [Section 1](#) under "**Your Pet**".
- r **Illness** claims that are caused by **you** or as a result of **your** lack of care, including diseases that are preventable by **vaccination** and/or prophylactic medications (such as heartworm, lice, internal parasites and fleas) (see **Routine Care** under What **We** Require in [Section 1](#) for additional details).
- s Claims arising from a **communicable disease** that is simultaneously categorized as a Public Health Emergency of International Concern (PHEIC) declared by the Director General of the World Health Organization.
- t Claims arising from a nuclear reaction, radiation, radioactive contamination, or the discharge of a nuclear device or a chemical, biological, biochemical, or electromagnetic weapon, device, agent, or material, whether controlled or uncontrolled, accidental or otherwise.
- u Claims arising from war, war activities, civil war, invasion, acts of foreign enemies, rebellion, revolution, insurrection, strikes, civil commotion, act of terrorism, hostilities or warlike operations whether declared or not.

3b Conditions not covered by this Policy.

This Policy does not cover complications of **conditions** that are excluded or limited by this Policy nor any associated diagnostic tests that may be needed due to those complications.

4 How [Pet's Name]'s Policy works.

4a How to make a claim.

We'll handle all claims as quickly as possible and will keep **you** updated throughout the process. If a claim isn't covered, **we'll** explain why.

Making a claim

Information about how to make a claim is available on **our** website, [www.manypets.com]. When making a claim, please provide the following:

- a **Your** paid **veterinary** invoice.
- b Details regarding the diagnosis for each treatment.
- c [Pet's name]'s past 18 months of medical history. This may be required when making **your** first claim.

Your participation in a claim

The following table is a summary of **your** responsibility for any claim that may arise during the **policy term**:

Reimbursement Level	Deductible
<p>[90%]</p> <p>This means that we pay [90%] of each claim. We call this your reimbursement level throughout this Policy.</p>	<p>[\$100]</p> <p>This is the amount we deduct from your claim payment. We only deduct this amount once per policy term.</p>

Let's break this down.

If [Pet's name] receives a \$1,000 of approved **veterinary** treatment for **your** first claim of a **policy term**:

- 1 **We** pay [90%] of **your** approved claim ($\$1,000 \times [90\%] = [\$900]$).
- 2 **We** deduct [\$100] from **your** payment, meaning **you** receive [\$800] (e.g. $[\$900] - [\$100] = [\$800]$).

After that, there's no more deductible to pay during that policy term. If **you** need to make another claim in that same **policy term**, **we** simply apply the **reimbursement level**. So if [Pet's name] receives a second \$1,000 of approved veterinary treatment during the same **policy term**:

- **We** pay [90%] of **your** approved claim ($\$1,000 \times [90\%] = [\$900]$).

With no **deductible** taken, **you'll** receive [\$900].

A final note on claims

In addition to the info above, please note:

- a If information relating to [Pet's name]'s medical history is missing or incomplete, the claim won't be approved. **We'll** promptly let **you** know what else is needed.
- b If **we** need to speak to [Pet's name]'s past and present **veterinarians** in order to process a claim, **you** must allow **us** to contact them and provide **us** with the necessary authority to obtain any information **we** may require.
- c **You** must also agree to submit the pet to a **veterinary examination**, if **we** require, by a **veterinarian** selected and paid for by **us**.
- d If [Pet's name] is covered by another **accident** or **illness** pet insurance policy, this Policy will apply in excess of the other insurance and **we** will pay any amount which is over and above such other valid and collectible insurance from the other Policy.
- e In the event of any disagreement between **you** and **us** concerning a claim, the matter will be referred to a **veterinarian** of **our** choosing. If the issue is not resolved, an independent third-party **veterinarian** shall be appointed by **us** and agreed to by **you**. This independent third-party **veterinarian's** decision shall be final and binding on all parties.
- f **We** do not pay claims if **you** make them more than 180 days after the **treatment date** (unless state law requires a longer period) printed on an invoice or veterinary bill.
- g **We** do not pay claims with a date of veterinary treatment between a premium due date and a cancellation date, unless the premium payments are current.
- h **We** will pay approved claims within 10 days of the claim submission being complete (i.e. All past medical history, necessary invoices and claims details have been provided).

4b How to make a change to [Pet's name]'s Policy.

You are entitled to make changes to [Pet's name]'s Policy by contacting **us**. **You** may make changes to the following items subject to **our** review and approval:

- a The claims **deductible***
- b The Policy **reimbursement level***
- c The **zip code** where [Pet's name] is living
- d Specific details about [Pet's name] (breed, age, species, etc.)
- e The **pet parent** details (Name, email, phone, address, payment details, etc.)

* [If **you** wish to change **your deductibles** and/or **reimbursement level**, it will only be allowed if a claim has not already been made during the **policy term**. If a claim has already been made, decreases in **deductibles** and/or increases **reimbursement levels** can only be effective as of the **anniversary date**.][If **you**

wish to change your **deductibles** and/or **reimbursement level**, it will be effective as of the **anniversary date**.] Any change that is allowed will become effective following approval by **us** and may require a short waiting period of up to 15 days to go into effect.

4c How to cancel this Policy.

You can cancel at any time free of charge. Simply contact **us** by calling or emailing **our** team and **we** will cancel this Policy and stop any future payments.

If **you** are not satisfied with this Policy within the first 30 days of the **policy effective date**, unless state requirements specify longer (please see any state amendatory endorsements at the end of this document), **you** can cancel for any reason for a full premium refund, provided **you** have not submitted a claim within that time.

4d How we can cancel or change [Pet's name]'s Policy.

Non-payment of premium

We may cancel this Policy if **you** fail to make a premium payment. If this happens, **we** will provide 10 days written notice before the cancellation takes effect unless state requirements specify longer (please see any state amendatory endorsements at the end of this document).

Fraud

You must provide **us** with correct information when taking out pet insurance for [Pet's name] and when making a claim. This Policy will be cancelled if **you** have intentionally concealed or misrepresented any material fact or circumstance concerning this insurance or [Pet's name]. Coverage and claims will be denied if **you** have intentionally concealed or misrepresented any such facts or circumstances before or after a loss.

Other cancellations

We can cancel this Policy for any reason when the Policy has been in effect for less than 60 days. **We** can cancel this Policy after the Policy has been in effect for more than 60 days by giving 30 days' notice unless state requirements specify longer (please see any state amendatory endorsements at the end of this document).

Changes

We may change the monthly premium, **deductibles** and/or **reimbursement levels** of this Policy at any time by providing **you** with at least 60 days' notice in writing unless state requirements specify longer (please see any state amendatory endorsements at the end of this document). **We** will not make changes more than once in a **policy term**.

5 General conditions.

- a **You** must agree to implement all reasonable means possible in the care and protection of [Pet's name]. **You** further agree to protect [Pet's name] from aggravation or recurrence of an **injury** and/or **illness**. Failure to do so will result in **your** claim being denied and [Pet's name]'s Policy being cancelled.
- b [Pet's name] is covered under this Policy only while they are in the United States of America, or temporarily away in Canada. **We** consider "temporarily" to be 90 days or less.
- c This Policy is not transferable to other pets.
- d This Policy is intended to only provide reimbursement for the actual amount paid. We do not reimburse you for any discounts received.
- e If **you** transfer ownership of [Pet's name] to a new or different **pet parent**, **we** may be able to arrange continued coverage. This needs to be agreed by **us** in advance in writing and will be subject to the provisions of this Policy.
- f Entire Contract - This Policy, the **declarations**, and any attached riders or endorsement(s) contain all the agreements between **you** and **us** and supersede any prior agreements or understandings.
- g State Law – When this Policy's provisions conflict with the state statutes in which this Policy is issued, the provisions will conform to such statutes.

6 Definitions We use.

These words are used throughout this Policy and have specific meanings:

- **“Accident”** means an unexpected and unintended incident.
- **“Anniversary Date”** means the anniversary of the **policy effective date**.
- **“Communicable disease”** means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:
 - the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
 - the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
 - the disease, substance or agent can cause or threaten damage to human health or pet health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of pet.
- **“Condition”** means any **illness** or **injury**, past or present, that requires/d treatment or medication to return to a normal healthy state.
- **“Declarations”** means the document that is attached to the start of this Policy that identifies the **pet parent**, Policy number, [Pet’s name]’s details and the coverages selected and provided.
- **“Deductible”** means the amount **you** must first pay with respect to the cost of a covered claim after the **reimbursement level** has been applied.
- **“Family”** means **your** spouse, domestic partner, common law or civil partner, parents, grandparents, children, brothers or sisters.
- **“Illness”** means any sickness, disease or any other changes to **your pet’s** normal healthy state, not caused by an **accident**.
- **“Injury”** means physical harm or damage to **your pet** arising from normal activity or an **accident**.
- **“Medically Necessary”** means medical services, supplies or treatments provided by a **veterinarian** to treat covered pets which are:
 - Consistent with symptoms or diagnosis;
 - Appropriate and meet generally accepted veterinary practice standards;
 - Not primarily for the convenience of the **pet parent, your veterinarian** or other providers; and
 - Consistent with the most appropriate supply or level of services which can safely be provided to the pet.
- **“Pet Parent”** means the person who owns and is responsible for the pet.
- **“Policy Effective Date”** means the date coverage begins at 12:01 a.m. on the date indicated on the **declarations**. [Pet’s name] must be in **your** possession at the time of the **policy effective date**

and the Policy is subject to the waiting periods as defined in [Section 1](#).

- **“Policy Term”** means twelve (12) month period that begins with the **policy effective date** and continues until this Policy is cancelled or is renewed at the **anniversary date**.
- **“Pre-existing condition”** means any **condition** for which a **veterinarian** provided **your pet** medical advice, the pet received treatment for, or the pet displayed signs or symptoms consistent with the stated **condition** in the 18 months before the **policy effective date** or during the waiting period.
- **“Reimbursement Level”** means the portion of the cost of a covered claim before **your deductible** is applied.
- **“Service Animal”** means a dog that is individually trained to do work or perform tasks for a person with a disability.
- **“Treatment date”** means the day any diagnosis of an **illness** by a **veterinarian** is made or the date that a **veterinarian** provides **treatment** for an **accident** that happened. Each follow up visit that may be required due to an accident or illness would be considered a new **treatment date**.
- **“Vaccination”** means the administration of an industry-recognized commercial vaccine by a registered licensed **veterinarian**. The vaccine must be in accordance with the manufacturer’s recommendations, following a complete **veterinary examination**, for prevention of disease.
- **“Veterinarian”** means an individual who holds a valid license to practice veterinary medicine from the Veterinary Medical Board or other appropriate licensing entity in the jurisdiction in which he or she practices. The **veterinarian** cannot be **you** or a member of **your family**.
- **“Veterinary Examination”** means a thorough examination performed by a licensed **veterinarian** encompassing all body systems, also referred to as a **“Veterinary Exam.”**
- **“Waiting Period”** means the period of time specified in the Policy that is required to transpire before some or all of the coverage in the Policy can begin.
- **“We”, “Us”, or “Our”** and other derivations: **ManyPets Inc., Bought By Many Inc.,** Accredited Surety and Casualty Company, Inc. as applicable. **ManyPets Inc.** and **Bought By Many Inc.** handle many of the administrative processes for this insurance on behalf of the underwriter. means the Company providing this insurance shown on the **declarations**.
- **“You” or “Your”** means the person listed above as the **pet parent**.
- **“Zip Code”** - means where **your pet** physically resides for most of the year and is listed on the **declarations**.



Signature endorsement

Issuer **Accredited Surety and Casualty Company, Inc.**

NAIC # **26379**

Mailing address **P.O. Box 140855, Orlando, Florida 32814-0855, United States**

Policy number **[Policy number]**

Endorsement Effective Date **[Date of endorsement]**

Pet name(s) **[Pet's name]**

Pet parent **[Pet parent's name]**

The only signatures applicable to this policy are those representing the company named on the first page of the declarations.

By signing and delivering the policy to you, we state that it is a valid contract.

Todd M. Campbell

CEO, President

Sharon S. Jallad

COO, Secretary

Thanks!

To get in touch

You can get in touch with our team via :



Email

manyhelp@manypets.com




Phone

1-888-978-5291



Social

 [@manypets.us](#)

 [@manypets_us](#)

 [@manypets.us](#)

To make a claim :



Claims

manyclaim@manypets.com