



# Pet Health Insurance Policy for Barney



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# Barney's pet insurance

## What you've told us about you

## What you've told us about Barney

## What you should know about your coverage

Your annual aggregate Policy limit is **unlimited** for approved illness and injury treatments. We will pay **80%** of each approved claim, also known as **your reimbursement level**. You also have selected an annual deductible of **\$500.00**.

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

Form name	Form number
State Amendatory endorsement–AZ	MPSAEAZ 02-2021
Signature endorsement	MPSIG 02-2021

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

# Policy form

## 1 Barney's pet health insurance Policy.

### 1a The basics.

This document along with the **declarations** and any endorsements that are attached are considered to be the entire insurance policy covering Barney. **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.

### 1b 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.

### 1c Your pet.

Whenever **we** say "**your pet**" in the rest of the document, **we** mean Barney, who is also described on the **declarations**.

Please make sure Barney meets the following requirements to receive the coverage described in this Policy:

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

Please let **us** know as soon as possible if Barney doesn't meet these requirements or if **you** have any questions.

### 1d 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...

## 1e What we need from you.

## Routine Care

You'll need to provide Barney 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 Barney remains a healthy member of **your family**.

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





## 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 Barney's knee.
- c Claims related to hip dysplasia if Barney is six (6) years of age or older on the **policy effective date** or Barney 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 Barney, 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 1c](#) 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** need from you" 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.

## 4a How to make a claim.

## Making a claim

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

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

Let's break this down.

If Barney receives a \$1,000 of approved **veterinary** treatment for **your** first claim of a **policy term**:

- 1 We pay 80% of **your** approved claim (\$1,000 x 80% = \$800.00).
- 2 We deduct \$500.00 from **your** payment, meaning **you** receive \$300.00 (e.g. \$800.00 – \$500.00 = \$300.00).

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 Barney receives a second \$1,000 of approved veterinary treatment during the same **policy term**:

- We pay 80% of **your** approved claim (\$1,000 x 80%=\$800.00).

With no deductible taken, you'll receive \$800.00.

A final note on claims

In addition to the info above, please note:

- a If information relating to Barney'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 Barney'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 Barney 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 Barney's Policy.

You are entitled to make changes to Barney'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 Barney is living
- d Specific details about Barney (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 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 Barney's Policy.

### Non-payment of premium

**We** may cancel this Policy as of the date **your** Policy was paid-up to if **you** fail to make a premium payment to keep **your** Policy current. 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). Unless premium payments are made current before the cancellation date, no claims for treatment(s) provided between the date the premium was due and cancellation date will be covered.

### Concealment and misrepresentation

**You** must provide **us** with correct information when taking out pet insurance for Barney 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 Barney. 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**.

Policy Form ▶ 5. General conditions.

- [Up you out!](#) — TEST DOCUMENT — TEST DOCUMENT — TEST DOCUMENT — Document doesn't look right? [We'll help you out!](#) — TEST DOCUMENT — TEST DOCUMENT

## 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, Barney'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. Standard Time on the date indicated on the **declarations**. Barney 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 1d.
- **"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. Accredited Surety and Casualty Company, Inc. is the carrier, which 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**.





# State Amendatory endorsement-Arizona

Endorsement Effective Date June 21, 2022

NAIC # 26379

Issuer Accredited Surety and Casualty Company, Inc.

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

Phone 407-629-2131

Policy number 1-MPI-AZ-09-00074165-00

Pet name(s) Barney

Pet parent John Smith

This endorsement modifies insurance provided under:

## 4 How Barney's Policy works.

### 4d How we can cancel or change Barney's Policy.

"Concealment and Misrepresentation" is replaced by the following:

#### Concealment and Misrepresentation

You must provide us with correct information when taking out pet insurance for Barney 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 Barney. Coverage and claims will be denied if your misrepresentations, omissions, concealment of facts and incorrect statements were either:

- a Fraudulent; or
- b Material either to the acceptance of the risk, or to the hazard we assume; or

- c If we, in good faith would not have issued this Policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to us as required either by the application for this Policy or otherwise.

"Nonrenewal" provision is added before "Other cancellations":

#### Nonrenewal

If we elect to nonrenew this Policy, we will mail or deliver written notice to you at least 30 days before the date of nonrenewal. The notice will include the specific reason(s) for nonrenewal. The notice will be mailed or delivered to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.

"Other cancellations" is replaced by the following:

#### Other cancellations

We can cancel this Policy for any reason when the Policy has been in effect for less than 60 days by mailing or delivering notice at least 30 days' before the effective date of cancellation. The notice will include the specific reason(s) for cancellation in the notice.

We can cancel this Policy at any time after the Policy has been in effect for 60 days or more by mailing or delivering notice at least 30 days' before the effective date of cancellation and include the specific reason(s) for cancellation in the notice.

A written cancellation notice will be sent to you at the address shown in the Declarations. If the cancellation notice is mailed, proof of mailing will be sufficient proof of notice. If this Policy is cancelled, any premium refund due will be calculated on a pro rata basis.



ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

# 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 1-MPI-AZ-09-00074165-00

Endorsement Effective Date June 21, 2022

Pet name(s) Barney

Pet parent John Smith

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.



Patrick J. Rastiello  
President



Ken Portner  
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