



1208 Massillon Rd. Suite G 200, Akron, OH 44306

01/11/2021

2 oz - 6x9 - 983 - 19720



HENRY DELGADO
32 MINNESOTA AVE
BAYSHORE NY 11706-5733



Welcome to our pack of responsible pet parents!

Account Number: **PTC6959318**

Dear Henry Delgado,

Thank you for choosing us to insure Pearl! We're happy to be able to help you give Pearl the best care possible.

Enclosed you will find your policy document, which covers your premium, plan effective date, and your plan terms, conditions and limitations. Please review it closely.

We're here for you if you have any questions.

With kindest regards,
Petco Program

Contact Us

Monday - Friday from 10 a.m. to 7 p.m. EST
1-833-898-7387
PetCoach, LLC

Please note that this plan has been issued based on the information you provided in your application, including the health condition of your pet. Pet insurance products are produced by PetCoach, LLC (NPN# 18593618) and underwritten by United States Fire Insurance Company.



PET INSURANCE POLICY

DIRECT ALL INQUIRES TO:

1208 Massillon Rd. Suite G 200
Akron, OH 44306

1-833-898-7387

petcoinsurance@cfinspet.com

CLAIMS SUBMISSION:

Email to petcoinsurance@cfinspet.com

Mail to the address listed above.

Underwritten by:

United States Fire Insurance Company

Administrative Office 1208 Massillon Rd. Suite G 200 Akron, OH, 44306

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 1208 Massillon Rd. Suite G 200 Akron, OH, 44306

Declarations Page

Attach this page to **your** Policy.

YOUR INFORMATION

Henry Delgado
32 Minnesota Ave
Bayshore, NY 11706-5733

YOUR PETS INFORMATION

Name of Pet Insured: Pearl
Species: Dog
Breed: Medium Mix (26-50 pounds)
Age: 4 Years

POLICY INFORMATION

Policy Number: PTC6959318

*Please use the above in all claims and communications with **us**.*

POLICY PERIOD

Effective Date: 01/10/2021

Expiration Date: 01/10/2022

*At 12:01 a.m. Standard Time at **your** Primary Address as stated above.*

DESCRIPTION OF COVERAGE

BASE POLICY: Accident and Illness Coverage

Covers: Accident, Illness

Annual Limit: \$5,000.00

Your Deductible: \$500.00

Reimbursement Percentage: 70%

COVERAGE ENDORSEMENTS:

Preventive Care: Not Applicable

PREMIUM INFORMATION

POLICY PERIOD PREMIUMS:

Premium Subtotal: \$468.48

Initial Payment: \$41.04

Total Premium: \$468.48

PAYMENT INFORMATION:

Payment Method: Third Part Payment - Transaction Fee

Payment Frequency: Monthly

12 Monthly Payment(s): \$39.04

Your Monthly payment will be billed on the 10th of the month due. Additionally, there is a \$2.00 transaction fee per billing transaction, unless **you** pay annually. **You** authorized **us** to obtain the 12 Monthly payment(s) each Policy Period and any applicable transaction fee via the payment method **you** provided. **You** understand that this coverage contains an automatic **renewal** provision. **You** will be provided advance notice of any changes to **your** premium or coverage, prior to **your** next **renewal**.

PLEASE REFER TO YOUR PLAN AND READ CAREFULLY TO DETERMINE WHAT IS OR IS NOT COVERED AND TO LEARN YOUR RIGHTS AND DUTIES WITH RESPECT TO A COVERED LOSS.

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 1208 Massillon Rd. Suite G 200 Akron, OH, 44306

Accident and Illness Coverage

INSURING AGREEMENT

United States Fire 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.

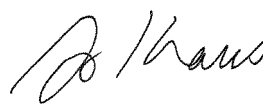
The policy is governed by the laws of the state in which it was delivered. If **you** intentionally misrepresent or conceal any material fact, **we** may deny any related claim. **We** may also cancel, invalidate or rescind coverage. The policy will lapse if **you** do not pay **your** premium when due. **You** are financially responsible to **your veterinarian** for services provided. This policy reimburses **you** for **covered expenses** as described.

United States Fire Insurance Company and the policyholder have agreed to all terms and conditions of this policy.

Signed for **United States Fire Insurance Company** By:



Marc J. Adey
Chairman and CEO



James Kraus
Secretary

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DEFINITIONS

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 would charge, regardless of whether that customer has insurance coverage.
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.
Condition	Illness , disease, injury or change to your pet's health that may or may not show symptoms or have been diagnosed (including but not limited to diagnosed or undiagnosed pre-existing , hereditary or congenital conditions , ligament and knee conditions).
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.
Illness	Any sickness, disease, or medical condition not caused by an accident or injury .
Injury	Bodily harm which results directly from an accident , independent of an illness , while this policy is in force.
Ligament and Knee Conditions	Conditions involving a ligament, patella, meniscus or soft tissue disorder of the knee. These are considered bilateral and related, regardless of cause; meaning an occurrence on one side of the body affects both sides of the body.
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.

Pet	Dog or cat described on the declarations page that you own and that resides with you .
Policy Period	One year as specified on the declarations page.
Pre-Existing Condition	Illness , disease, injury , or change to your pet's health that first occurs or shows symptoms before coverage is effective or during a waiting period . This includes conditions that are related to, secondary, or resultant from a pre-existing condition .
Prescription Food	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 .
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	Date at the end of each 12-month policy period on which your existing policy expires and a new policy is issued. Coverage and rates are subject to change at reissuance.
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, 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.
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	A licensed veterinarian , veterinary technician, assistant or authorized representative under the veterinarian's supervision.
Veterinary	Directly related to professional care that a Veterinarian provides.
We, Us and Our	Underwriting insurance company, United States Fire 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 **accidents**, **illnesses** and **ligament and knee conditions**. The waiting period begins on the first **effective date** of the applicable coverage. Any **condition** that occurs during an applicable waiting period is a **pre-existing condition**.

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 **ligament and knee conditions**.

WHAT IS COVERED

We will reimburse **you** the **actual costs** for **covered expenses** that **you** incur during the **policy period**, 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.
- 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 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.

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 **behavioral problems** if 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).

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 and/or resection when no infection or disease is present.
- c. Boarding.
- d. Breeding, pregnancy, whelping or nursing.
- e. **Conditions** that **occur** during a waiting period.
- f. Cosmetic and elective prostheses or procedures (including but not limited to claw removal, ear cropping and tail docking).
- g. Dental cleanings unless used to treat a covered **illness** or covered by an applicable endorsement.
- h. Experimental or investigational **treatment** or medication (including clinical trials) that is not generally accepted in the **veterinary** medical community as effective or proven.
- i. Funeral services, memorial items, urns, caskets, or burial plots/fees.
- j. Grooming or grooming supplies (including but not limited to non-prescription baths, ear cleanings, non-prescription shampoos and nail trims).
- k. Herbs.
- l. House call fees, time and travel expenses to and from the **veterinarian's** premises or hospital.
- m. **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**.
- n. **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.
- o. 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**.
- p. Non-**veterinary** services (including but not limited to administrative fees, medical records expenses, medical waste, discount package or membership fees, postage and tax).
- q. Organ or heart valve transplants.
- r. **Pre-existing conditions** that **occurred** on or before the first **effective date** of the applicable coverage or during a waiting period.
- s. **Prescription food, pet** food, commercial diets or treats used for **prevention** or **general health maintenance** (including weight loss) even if prescribed, dispensed, or recommended by a **veterinarian**; including foods such as life stages (puppy, senior, etc.), low calorie, sensitive stomach, or limited ingredients.
- t. **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.
- u. **Supplements** and vitamins used for **prevention** or **general health maintenance** (including weight loss) even if prescribed or dispensed by a **veterinarian**.
- v. Training or training devices.
- w. **Treatment** when the **veterinarian** conducting or supervising is **you** or a co-owner on **your** account.

- x. **Treatment** arising from avian influenza; intentional slaughter by, or under, the order of any government or public or local authority; epidemics or pandemics as declared by the U.S. Department of Agriculture; nuclear reaction, radiation, radioactive contamination or the discharge of a nuclear device, whether controlled or uncontrolled, accidentally or otherwise; chemical, biological, bio-chemical or electromagnetic weapon, device, agent or material whether controlled or uncontrolled, accidentally or otherwise; war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped, strikes, riots, or civil commotion and terrorism.
- y. **Veterinary** expenses related to coursing, organized fighting, law enforcement or guarding, personal protection or racing.

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, 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.

Failure to provide complete information may result in:

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

Claim forms are available online or **you** may request one.

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 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 that **we** need to assess **your pet's** health. 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. **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 or 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

Unless **you** notify **us** 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**. Coverage and rates are subject to change at **renewal**. **Your renewal** declarations page will specify the coverage and rates that apply. **You** accept these changes by renewing **your** policy.

We may decide to not renew **your** coverage at the end of any **policy period**. In this case, at least 60 days before **your** coverage ends, **we** will mail written notice to **you** at **your** address as shown on the declarations page.

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 each **policy period 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.

When We Cancel

If **you** fail to pay **your** premium, **we** may cancel **your** coverage at any time. A notice will be sent to **you** providing at least 10 days' notice of **our** intent to cancel or such other time as required by the state of **your** primary address.

We may also cancel **your** coverage by giving **you** at least 30 days notice for any of the following reasons.

- You** commit fraud or material misrepresentation when **you** obtain insurance or pursue a claim.
- You** perform a willful or reckless act or omission that substantially increases the probability or severity of a covered loss.
- There is a material change that substantially increases the probability or severity of a covered loss.

- d. **Our** continuing coverage risks placing **us** in violation of state insurance laws.
- e. There is a material change that results in **our** inability to continue to provide coverage, such as **you** moving into a state where the policy is not available.

If **you** misrepresented or concealed any material fact that would have affected **our** decision to provide coverage, **we** may cancel, invalidate or rescind **your** coverage. If so, a notice will be sent advising **you** of **our** decision.

Coverage is cancelled, invalidated or rescinded as of the **effective date** that **we** specify. This may include rescission backdated to the original **policy period effective date**.

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 in the *Claims* section and *Resolution of Disputes* section. **You** have 24 months from the claim settlement date to proceed with an action unless state law requires a longer period.

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.

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.

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.

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 allowed by the state of **your** primary address.

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.

United States Fire Insurance Company

Administrative Office: 1208 Massillon Rd. Suite G 200 Akron, OH, 44306

NEW YORK AMENDATORY ENDORSEMENT

_____ This amendatory endorsement is attached to and made a part of the policy issued to the insured. The provisions of this amendatory endorsement are effective on the **effective date** and will expire concurrently with the policy, unless otherwise terminated.

_____ This policy is hereby amended as follows:

RENEWAL is hereby deleted in its entirety and replaced with the following:

Unless **you** notify us that **you** want to cancel or **we** advise that your policy will not be renewed **we** will automatically re-issue **you** a new policy at the end of each 12-month policy period for a total of 3 years from the date it was first effective. Coverage and rates are subject to change at each renewal. **Your** renewal declarations page will specify the coverage and rates that apply. At least 60 days before your coverage ends, **we** will mail written notice that **your** policy will not be renewed to **you** at **your** address as shown on the declarations page.

POLICY CANCELLATION is hereby deleted in its entirety and replaced by the following:

*The **Money Back Guarantee** provision under the **Policy Cancellation** section is hereby deleted in its entirety.*

When you Cancel and **When We Cancel** are hereby deleted in their entirety and replaced by the following:

Cancellation and Non-renewal

You may cancel this policy at any time by mailing or delivering to **us** advance written notice of cancellation. Cancellation will be effective in the date of the notice.

Cancellation of policies in effect for less than 60 days.

If this policy has been in effect for less than 60 days and is not a renewal of a policy **we** issued, **we** may cancel this policy for any reason by giving **you** written notice of cancellation as follows:

1. If **we** cancel for nonpayment of premium, cancellation will be effective from the date of nonpayment, however, **you** will have 15 days from the date of mailing to remit the payment. **Our** notice will include the amount of any premium due.
2. For cancellation for any reason, **our** cancellation notice will give the reason for cancellation and will be effective on the date of the notice of cancellation.

Cancellation of policies in effect for 60 or more days.

If this policy has been in effect for 60 days or more or this is a renewal of a policy **we** issued, **we** may cancel this policy only for the following reasons:

1. Nonpayment of premium.
2. **Your** conviction of a crime arising out of acts increasing any hazard insured against.
3. Discovery of fraud or material misrepresentation in obtaining the policy or in presentation of a claim under the policy.
4. Discovery of willful or reckless acts or omissions that increase the hazards insured against.
5. Physical changes in the property insured after issuance or last anniversary date of the policy that results in the property becoming uninsurable in accordance with our objective and uniformly applied underwriting standards in effect at the time the policy was issued or last voluntarily renewed.
6. Determination by the Superintendent that continuation of the policy would jeopardize **our** solvency or would place **us** in violation of the insurance laws of the State of New York.

Advance Written Notice. **We** will give **you** advance written notice of cancellation at least:

1. 15 days before the effective date of cancellation for nonpayment of premium stating the amount due.
2. 45 days and not more than 60 days before the effective date of cancellation, if **we** cancel for the reasons given in items 1. through 5. on the previous page.

Conditional Renewal. In lieu of cancellation, **we** may condition the continuation of this policy upon change of limits or elimination of any coverage not required by law. **We** will give you advance written notice of the conditional renewal at least 20 days before the effective date of such action.

The notice will state the reason for cancellation and it will be sent to **you** at the mailing address shown on the Declarations Page.

This notice will state the effective date of cancellation and the policy period will end on that date. If this policy is cancelled, **we** will send **you** any premium refund due. If the policyholder cancels, the refund will be pro rata. The cancellation will be effective even if **we** have not made or offered a refund. Notice of Cancellation will state that the excess premium (if not tendered) will be refunded on demand.

Promotional Items is hereby deleted in its entirety.

Non-Insurance Services is hereby deleted in its entirety.

If there is conflict between the policy and this endorsement, the terms of this endorsement will govern. All other terms and conditions of the policy remain unchanged.

Signed for **United States Fire Insurance Company** By:

A handwritten signature in black ink, appearing to read 'Marc J. Adee', is positioned above the printed name and title.

Marc J. Adee
Chairman and CEO

PRIVACY POLICY AND PRACTICES

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

Your Privacy is Our Concern

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

What kind of information do we collect about you and from whom?

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

To whom do we disclose information about you?

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators
- Medical bill review companies; and
- Reinsurance companies

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

How to contact Us

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator
Crum & Forster A&H Division
5 Christopher Way, 2nd Floor
Eatontown, New Jersey 07724



For office use only



HAVE A QUESTION?

Call us at 1-833-898-7387

Claim Form

◆ PLEASE REVIEW THE INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM.

◆ PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP EXPEDITE PROCESSING.

1 General Information

Please fill out this form completely. Incomplete forms will delay processing.

Your Information

☐ Check here if this is a new address

Name: Henry Delgado

Address: 32 Minnesota Ave

City, State, Zip: Bayshore, NY 11706

Phone:

Email:

Pet Information

Account Number: PTC6959318

Name: Pearl

Breed: Medium Mix (26-50 pounds)

Age:

Gender:

2 Diagnosis/Symptom Information



HELP US! By providing the "Story of Occurrence/Diagnosis," you will help us avoid delays in processing your claim.

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it.

Claim Type:

☐ Accident

☐ Illness

Is this claim an estimate for future treatment?

☐ Yes

☐ No

Total amount claimed:

Date illness/injury first occurred:

Veterinarian:

Clinic Name:

Phone:

Fax:

Did any other veterinarian treat your pet?: ☐ Yes ☐ No

Is this a new condition?: ☐ Yes ☐ No

3 Pet Owner Declaration

I confirm to the best of my knowledge the above statements are true in every respect. I understand that the fees listed may not be covered or may exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize United States Fire Insurance Company and its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination, history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about me and my pet, as well as information about my claim experience, to my veterinarian.

Signature of Pet Owner:

Date:

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

4 3 Easy Ways to Submit a Claim Form - You must submit an itemized invoice with this claim form.

E-Mail:

petcoinsurance@cfinspet.com
scan and attach your receipts

Mail:


Petco
1208 Massillon Rd. Suite G 200
Akron, Ohio 44306

Questions?

1-833-898-7387

* Please choose only one method. Duplicate claim submissions may delay processing.



	HAVE A QUESTION?
	Call us at 1-833-898-7387

Claim Form - You must submit an itemized invoice with this claim form.

It's easy to submit a claim! Here's a handy checklist:


Petco Insurance Claims:

- ✓ Fill out this form completely and sign it. You don't need your veterinarian's signature.
- ✓ Fax, mail or email your form with invoice(s) within 270 days of treatment.
- ✓ If you use email, just scan and attach the form and invoice(s).
- ✓ Include a copy of your pet's medical records to help expedite processing.
- ✓ Please use only one claim form per pet for each accident and illness.
- ✓ List your account number on all documents you send to us.

Track your claims and sign up for direct deposit.

You can check the status of your claims easily online by signing into our free My Dashboard at www.petco.com/petco-insurance. In the My Dashboard, you can also sign up for direct deposit of claim payments. It'll save time and a trip to the bank!

You'll also be able to view your plan and update your payment method when it's convenient for you.

	NEED MORE CLAIM FORMS?
	Call us at: 1-833-898-7387

Pet insurance products are produced by PetCoach, LLC (NPN# 18593618) and underwritten by United States Fire Insurance Company.