

Pet Health Insurance Policy Declarations Page

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE YOU WITH THE INSURANCE AS STATED IN THIS POLICY.

Policy Information	
Policy Number: [REDACTED]	Policy Effective Date: 5/6/2020 12:01AM at the address of the Pet Parent shown below.
Policy Term: Continuous until Cancelled	Lifetime Limit: Unlimited per pet

Pet Parent Information	
Name: [REDACTED]	Phone: [REDACTED]
Street Address: [REDACTED]	City: [REDACTED]
State: [REDACTED]	Zip Code: [REDACTED]

Pet Schedule					
Pet Name: Churro	Pet Policy ID: [REDACTED]	Type: Dog	Breed: Mixed Breed Small: 11 - 30 lbs	Date of Birth: 9/2019	Pet Sex: Male
Pet Policy Effective Date: 5/6/2020 12:01AM at the address of the Pet Parent shown above.		Coinsurance (Your Share): 20%	Reimbursement (Our Share): 80%	Annual Deductible: \$250	Monthly Premium: \$35.80
Waiting Period: 15 days from the Pet Policy Effective Date for accidents and illness and 12 months from the Pet Policy Effective Date for illness related to hip dysplasia.					

Payment Information

Total Monthly Premium:	\$35.80
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Forms and Endorsements Attached

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:
 Pet Health Insurance Policy Form LD-51186 (08/18); Signature Page CC-1K11i (02/18); Pet Health Insurance Notice LD-50793 (07/18); Chubb Group U.S. Privacy Notice ACE01 1016; OFAC Advisory Notice to Policy Holders IL P 001 01 04; Chubb Producer Compensation Practices & Policies ALL-20887 (10/06); Trade or Economic Sanctions Endorsement ALL-21101 (11/06); New York Amendatory Endorsement LD-51188 (01/19)

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsements(s), complete the above numbered policy.