

DECLARATIONS PAGE

CO-INSURANCE CONTRACT

PET MEDICAL INSURANCE POLICY							
Pet Owner(s):		[REDACTED]		Policy No:		[REDACTED]	
Address:		[REDACTED]					
Policy Inception Date: 9/26/2018 12:09 PM PDT (Continuous Until Cancelled)							
Enrollment Date	Pet Name	Type	Sex	Spayed or Neutered	Enrollment Age	Breed	Pet ID No.
9/26/2018	Leo	Dog	M	Yes	6 years old	Labradoodle	[REDACTED]
This Policy is Underwritten by:				American Pet Insurance Company*			
				[REDACTED]			
				[REDACTED]			
				[REDACTED]			
				*(A New York Domiciled Stock Company, NAIC #12190)			
Policy Plan				[REDACTED]			
Maximum Lifetime Benefits Payment (Per Pet)				No Limit			
Deductible (Per Illness/Injury)				\$350.00			
Co-Insurance Percentage (Company/Owner)				90% / 10%			
Waiting Period for Accident				5 days			
Waiting Period for Illness				30 days			
Additional Endorsements/Riders Included With Your Policy:							
Amendatory Endorsement				[REDACTED]			
Policy Premium				\$87.66			
Tax (State/Local/Province)				\$0.00			
Total Monthly Premium				\$87.66			
EFFECTIVE 9/26/2020 YOUR MONTHLY PREMIUMS WILL BE \$87.66.							
Please advise Trupanion of any changes to your banking or credit card information (including expiration date changes on credit cards).							
IN WITNESS WHEREOF, the Insurer has executed and attested these.							
Effective Date: 9/26/2020				Countersigned  Authorized Representative			

[REDACTED]