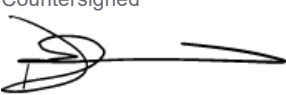


DECLARATIONS PAGE

CO-INSURANCE CONTRACT

PET MEDICAL INSURANCE POLICY							
Pet Owner(s):	Wendy MONTANEZ ORTIZ	Policy No:	TU0004463323				
Address:	65 Pine St Franklin, MA 02038						
Policy Inception Date: <u>6/5/2024 7:50 AM</u> PDT				Policy Expiration Date: <u>7/5/2024 12:01 AM</u>			
Enrollment Date	Pet Name	Type	Sex	Spayed or Neutered	Enrollment Age	Breed	Pet ID No.
6/5/2024	Carina	Cat	Female	No	1 year old	Domestic Shorthair	1
This Policy is Underwritten by:		American Pet Insurance Company* 6100 4th Ave S. Seattle, WA 98108-3234 (800) 569-7913 <small>(A New York Domiciled Stock Company, NAIC #12190)</small>					
Policy Plan				TRU (D) 00001 MA (V10.201902)			
Maximum Lifetime Benefits Payment (Per Pet)				No Limit			
Deductible (Per Illness/Injury)				\$250.00			
Co-Insurance Percentage (Company/Owner)				90% / 10%			
Waiting Period for Accident				0 days (See TRU (D) 00011 - v10.201902)			
Waiting Period for Illness				0 days (See TRU (D) 00011 - v10.201902)			
Additional Endorsements/Riders Included With Your Policy:							
Waiting Period Waiver				TRU (D) 00011 (V10.201902)			
Policy Premium				\$0.00			
Tax (State/Local/Province)				\$0.00			
Total Monthly Premium				\$0.00			
YOUR CERTIFICATE PROGRAM MONTHS PREMIUMS WILL BE \$0.00.							
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: 06/05/2024				Countersigned  Authorized Representative			