


## 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: 9/12/2024 8:57 AM PDT (Continuous Until Cancelled)							
Enrollment Date	Pet Name	Type	Sex	Spayed or Neutered	Enrollment Age	Breed	Pet ID No.
9/12/2024	Casper	Cat	M	No	8 weeks to 12 months old	Domestic Shorthair	3438094
<b>This Policy is Underwritten by:</b>				<b>American Pet Insurance Company*</b> <b>6100 4th Ave S.</b> <b>Seattle, WA 98108-3234</b> <b>(800) 569-7913</b>			
				*(A New York Domiciled Stock Company, NAIC #12190)			
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:							
Waiver Waiting Period Endorsement				TRU (D) 00011 (V10.201902)			
Recovery and Complementary Care Rider				TRU (D) 00009 (V10.201902) — 10/4/2024			
Policy Premium				\$57.93			
Tax (State/Local/Province)				\$0.00			
<b>Total Monthly Premium</b>				<b>\$57.93</b>			
<b>EFFECTIVE 10/12/2024 YOUR MONTHLY PREMIUMS WILL BE \$57.93.</b>							
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: 10/12/2024				Countersigned  Authorized Representative			