



A Chubb Company

WESTCHESTER FIRE INSURANCE COMPANY

Policyholder Disclosure Notice – Maryland

This Policyholder Disclosure Notice is being provided to you and attached to the first page of your policy with respect to the “Free Look Period” provision contained in your policy which provides: “If you are not satisfied with this policy within ten (10) days of the Policy Effective Date, you may cancel your insurance. We will refund your premium in full, as long as you have not submitted a claim.”

Right to Exam and Return Policy (“Free Look Period”)

You have (ten) 10 days from the day you receive this policy, certificate or rider to review it and return it to the company if you decide not to keep it. You do not have to tell the company why you are returning it. If you decide not to keep it, simply return it to the company at its administrative office or you may return it to the agent/insurance producer that you bought it from as long as you have not filed a claim. You must return it within 10 days of the day you first received it. The company will refund the full amount of any premium paid within 30 days after it receives the returned policy, certificate, or rider. The premium refund will be sent directly to the person who paid it. The policy, certificate or rider will be void as if it had never been issued.

This Policyholder Disclosure Notice is not your policy. Please carefully review your policy and any attached endorsements carefully for complete coverage details. If there is any conflict between the policy and this notice, the provisions of the policy will prevail.

WESTCHESTER FIRE INSURANCE COMPANY PET HEALTH INSURANCE POLICY

Please read your Pet Health Insurance Policy carefully to determine the parties' rights and duties and what is and is not covered. Some provisions in the policy limit or restrict coverage.

Throughout this policy, the words **you** and **your**, refer to the policyholder (**Pet Parent**) shown in the Declarations Page.

The words **we**, **us** and **our**, refer to the company providing this insurance.

Words and phrases that appear in **bold type** have special meaning found in Section V. Definitions.

I. INSURING AGREEMENT

We rely on the statements **you** made in the application. Upon **your** payment of the premiums when due, **we** will provide **coverage** as specifically described in this **policy** for **your pet** as shown on the **declarations page**.

Benefits are subject to terms, conditions, limitations and exclusions of this **policy** and to **your** responsibility for the **coinsurance** and **deductible**. **Coverage** is in effect at the time and date shown on the **declarations page** subject to the waiting periods described in **II. EXCLUSIONS & LIMITATIONS 1) b., 1) c. and 1) d.**

1) **WE COVER:** Reimbursement of the cost incurred by **you** for **medically necessary veterinary treatment** recommended by **your veterinarian** for **conditions** covered by this **policy**. These costs will be covered when **your pet**:

- a. develops an **illness**, or
- b. has an **injury** as a result of an **accident**; during the **coverage term**.

This **policy** shall not cover amounts charged by the treating veterinary clinic that are greater than the treating veterinary clinic's standard or published charges.

2) **LIFETIME LIMIT:** The maximum amount **you** may claim while **coverage** is in force with respect to any one **pet** for **veterinary treatment** over the lifetime of that **pet**. The Lifetime Limit is shown on the **declarations page**. Subject to the maximum lifetime limit, there are no limits per claim or per year.

3) **COINSURANCE:** The portion **you** are required to pay for **your pet's veterinary treatment**. **Your pet's coinsurance** amount is shown on the **pet schedule** of the **declarations page**.

4) **DEDUCTIBLE:** **Your pet's deductible** is shown on the **pet schedule** of the **declarations page**. **Your pet's deductible** shall apply once per **coverage term**.

5) **MONTHLY PREMIUM:** **Your** monthly premium is set forth on **your declarations page**. Monthly premiums may change for all policyholders to reflect changes in the costs of veterinary medicine. **We** will notify **you** at least sixty (60) days in advance of such change.

6) **CHANGES TO YOUR COVERAGE:** **Your coverage, coinsurance, and deductible** will not change due to **your pet's** claims experience.

II. EXCLUSIONS & LIMITATIONS 1) GENERAL EXCLUSIONS

We do not cover:

- a. **Veterinary examination fees**.
- b. **Injury** from an **accident** that occurs within the first fifteen (15) days following the **pet policy effective date**.

- c. **Illness** that occurs or recurs within the first fifteen (15) days following the **pet policy effective date**.
- d. **Illness** related to hip dysplasia that occurs or recurs within the first twelve (12) months following the **pet policy effective date**.
- e. Conditions or complications that result from **accidents** that occur or **illnesses** that develop or redevelop within the first fifteen (15) days following the **pet policy effective date**.

2) PRE-EXISTING CONDITIONS

We do not cover **pre-existing conditions**.

3) PREVENTIVE CARE EXCLUSIONS

We do not cover:

- a. **Spaying** and **neutering**.
- b. Preventive healthcare including **vaccinations** or titer test, flea control, heartworm **medication**, deworming, nail trim, and grooming.
- c. Parasite control including but not limited to internal and external parasites for which readily available prophylactic treatments are available.
- d. **Dental health care**, however if injury to teeth is caused by an **accident**, **we** do cover the cost of extraction and/or reconstruction of damaged teeth.
- e. Anal gland expression.

4) OTHER EXCLUSIONS

We do not reimburse the costs, fees or expenses associated with:

- a. **Injury** or **illness** due to any intentional, neglectful or preventable act, including organized dog fighting, by **you** or a member of **your** household;
- b. Elective procedures, cosmetic procedures, preventive procedures including but not limited to: 1. tail docking;
2. ear cropping;
3. de-clawing;
4. micro-chipping;
5. dew claw removal; or
6. ear cleaning;
- c. Boarding or transport expenses;
- d. **Conditions** arising from a specific activity if the same or a similar activity occurred prior to the **pet policy effective date** and displayed the propensity for the activity to recur and cause **injury** or **illness** to **your** pet;
- e. Future treatment for **injury** or **conditions** of a leg when cruciate ligament problems to any other leg existing prior to the **pet policy effective date**, have been identified, regardless of whether or not the new signs or symptoms are related to such cruciate ligament problems;
- f. Diseases preventable by vaccines and prophylactic **medications** (such as heartworm, lice, internal parasites and fleas);
- g. Complications of **conditions** excluded or limited by this **policy**;
- h. Abnormalities where **clinical symptoms** were apparent prior to the **pet policy effective date**. This includes **conditions** that are detectable by a routine physical exam by **your veterinarian**;

- i. Claims in any way arising from the lack of use and/or implementation of preventive healthcare products and/or methods when such products and/or methods would be in accordance with generally accepted veterinary standards. Routine healthcare includes: **vaccinations**, flea control, heartworm **medication**, de-worming, dental care, ear plucking, grooming, and prudent regular care;
- j. Special diets, foods, vitamins, grooming, nail trims, shampoo and bathing;
- k. Any claim for loss from a nuclear incident as defined in the Nuclear Liability Act, nuclear explosion or contamination by radioactive material;
- l. **Conditions** arising from any specific activity if the same or similar activity occurs after **you** have received written notice from **us** regarding the specific activity;
- m. Experimental or investigational treatment or medicine;
- n. Breeding or **conditions** relating to breeding, whelping, and queenening;
- o. **Diagnostic tests** for **conditions** excluded by this **policy**;
- p. **Diagnostic tests** due to complications of **conditions** excluded or limited by this **policy**;
- q. **Conditions** caused by war or war activities whether war be declared or not. War activities include civil war, insurrection, rebellion, or revolution or any act or **condition** incident of any of the foregoing; r. Feeding, housing or exercise;
 - s. Training, therapy, **medications** or other methods or forms of behavioral modification;
 - t. Shipping or mailing costs unless associated with a covered compounded **medication** or **diagnostic tests**.

5) LIMITATIONS

- a. A **pet** less than six (6) years of age on the date of enrollment must have undergone a complete **clinical examination**. The exam must have taken place either in the twelve (12) months prior to the **pet policy effective date**, or within fifteen (15) days following the **pet policy effective date**. A **pet** six (6) years of age or greater on the date of enrollment must have undergone a complete **clinical examination** within thirty (30) days prior to the **pet policy effective date**, or within fifteen (15) days following the **pet policy effective date**. **Your** failure to submit **your pet** to a complete **clinical examination** may void the **policy**. If the **policy** is voided, the **policy** premium will be refunded.
- b. For **pets** six (6) years of age or greater on the date of enrollment, no **coverage** shall apply for **illness** related to hip dysplasia.
- c. For **working pets**, no **coverage** shall apply for any **condition** resulting from activities related to racing, breeding, law enforcement, guarding or for any commercial use.
- d. **We** will not make any payments for any claims for which **you** are entitled to be paid under any other insurance except for any additional sum which is payable over and above such other insurance.

III.

GENERAL CONDITIONS

- 1) Premium is payable monthly by Direct Debit or by charge to **your** credit card, according to the option selected by **you** on the application. This **policy** is continued until cancelled, and will renew automatically each month as long as premium payments are current. When **you** have not paid the premium, **we** may cancel this **policy**. **We** will let **you** know at least twenty (20) days before the date cancellation takes effect. No coverage will be provided for any claim with a date of **veterinary treatment** between the premium due date and the cancellation date, unless the premium payments are current.
- 2) **You** may cancel **your policy** by notifying **us** in writing via regular mail, fax or email at least fourteen (14) days in advance of **your** next premium payment.

- 3) **You** must be the owner of each **pet** shown on the **pet schedule**. If the **pet** owner dies, becomes unable to care for any insured **pet**, or passes the ownership of any insured **pet**, the **coverage** will continue without interruption, if approved in writing by **us**, subject to all other terms and conditions of this **policy**.
- 4) A **pet** is covered under this **policy** only while the **pet** is in the United States of America, or temporarily away in Canada.
- 5) **You** must agree to implement all reasonable means possible in the care and protection of **your pet**. **You** further agree to protect **your pet** from aggravation or recurrence of the **injury** /or **illness**.
- 6) This **coverage** is not transferable to other **pets**. All new **pets** are subject to a new application and your monthly payment will increase.
- 7) **You** are entitled to increase the **deductible** or **coinsurance** amount applicable to **your pet** at any time. This request must be made in writing and will become effective the month following approval by **us**. **You** may apply to lower the deductible or **coinsurance** amount applicable to **your pet** provided you have not previously filed a claim with **us** for that **pet**. This request must be in writing and will become effective the month following approval by **us**.
- 8) Notice of loss must be given by either **you** or **your** agent.
- 9) The loss is payable within sixty days after completion of the claim form, unless applicable state law provides for a shorter period.
- 10) In order to process a claim, **you** must allow **us** to contact **your** present and previous **veterinarian(s)** and provide **us** with the necessary authority to obtain any information **we** may require. In the event information relating to the history of the **pet** is missing or incomplete, the claim will not be processed. **You** must also agree to submit the **pet** to examination, if **we** require, by a **veterinarian** selected by **us**.
- 11) In the event of any disagreement between **you** and **us** with regard to a claim, the matter will be referred to a **veterinarian** of **ours**. If the matter is not resolved, an independent third party **veterinarian** shall be appointed by **us**. This independent third party **veterinarian's** decision shall be final and binding on all parties.
- 12) Every action or proceeding against **us** for the recovery of any claim under or by virtue of this contract is absolutely barred unless commenced within one year after the loss or damage occurs or unless state law requires a longer period.

IV.

ADDITIONAL CONDITIONS

- 1) **MISREPRESENTATION AND FRAUD** – This **policy** will be voided if **you** have concealed or misrepresented any material fact or circumstance concerning this insurance or the **pet** covered. **We** do not provide **coverage**, for an insured who has intentionally concealed or misrepresented any such facts or circumstances before or after a loss.
- 2) **CANCELLATION**
 - a. **We** may cancel this **policy** if **we** do not receive a monthly premium from **you** when the premium is due. In such a case a written notice will be sent to **you** at **your** last email address known to **us**. We will provide at least (20) days notice of our intent to cancel. The notice will be in accordance with the provisions of **III. GENERAL CONDITIONS 1**). Otherwise, **we** may cancel this policy by providing **you** at least ninety (90) days written notice.
 - b. **You** may cancel this **policy** at any time by notifying **us** in writing via regular mail, fax or email. This is in accordance with the provisions of **III. GENERAL CONDITIONS 2**).
- 3) **STATE LAW** – When this **policy's** provisions are in conflict with the statutes of the state in which this **policy** is issued, the provisions are amended to conform to such statutes.
- 4) **ENTIRE CONTRACT** – This **policy**, the **declarations page**, and any attached endorsement constitutes the entire agreement between **you** and **us**.

5) **FREE LOOK PERIOD** - If **you** are not satisfied with this **policy** within thirty (30) days of the **Policy Effective Date**, **you** may cancel **your** insurance. **We** will refund **your** premium in full, as long as **you** have not submitted a claim.

V. DEFINITIONS

The following defined words or phrases in the **policy** are printed in bold type and have the following meanings, unless a different meaning is described in a particular coverage or endorsement.

- 1) **Accident.** An unexpected and unintended event.
- 2) **Clinical Examination.** A thorough examination performed by a licensed and registered **veterinarian** encompassing all body systems of the **pet**. Examination can also be referred to as "full physical, physical consultation, full examination or veterinary examination."
- 3) **Clinical Symptoms.** Any manifested anomaly in, or deviation from the regular healthy state or function of a **pet**, including behavioral traits. **Clinical Symptoms** include any anomaly that is readily detectable by a thorough and complete **clinical examination**.
- 4) **Coinsurance.** Your portion of the cost of insured **veterinary treatment** for **your pet** before any **deductible** is applied. **Your pet's coinsurance** amount is shown as "Your Share" on the **pet schedule** of the **declarations page**.
- 5) **Condition.** Any manifestations of **clinical symptoms** consistent with a diagnosis or diagnoses, regardless of the number of such symptoms or areas of the body affected.
- 6) **Coverage.** The insurance protection described in this **policy** form and on the **declarations page**.
- 7) **Coverage Term.** A twelve (12) month period that begins with the effective date of **coverage** and continues for each twelve (12) month period thereafter.
- 8) **Declarations Page.** A written document comprising part of this **policy**, which identifies the insured, the **policy** number, and the insured **pet schedule** with the **coverage** options selected and Lifetime Limit provided.
- 9) **Deductible.** The amount **you** must first pay with respect to the cost of insured **veterinary treatment** for **your pet** after **your pet's coinsurance** portion has been applied.
- 10) **Dental Health Care.** The care required to maintain dental hygiene for **your pet**. This includes cleaning, brushing, scaling, polishing, extractions and reconstructions.
- 11) **Diagnostic Tests.** Tests used to determine the overall health of **your pet**. **Diagnostic tests** can be used as a way to detect certain abnormalities. It can also validate the current health of **your pet**, or help to evaluate an older **pet** more thoroughly before problems surface.
- 12) **Hospitalization.** Charges for boarding **your pet** at a veterinary clinic as required by your **veterinarian** to deliver nursing care, administer **medication** to or monitor **your pet**.
- 13) **Illness.** Sickness, disease or any other changes to **your pet's** normal healthy state; or any **condition** other than **your pet's** normal healthy state.
- 14) **Injury or Injuries.** Physical harm or damage to **your pet** arising from normal activity or an **accident**.
- 15) **Medically Necessary.** Medical services, supplies or treatments provided by a **veterinarian** to treat covered **pets** which are:
 - a. consistent with symptoms or diagnosis;
 - b. appropriate and meet generally accepted veterinary practice standards;
 - c. not primarily for the convenience of the **pet parent**, **your veterinarian** or other providers; and
 - d. consistent with the most appropriate supply or level of services which can safely be provided to the **pet**.

16) **Medication.** Any veterinary recommended **medications** prescribed by **your veterinarian** and approved by the Food and Drug Administration (FDA) for veterinary use.

17) **Neutering.** Orchectomy, or surgical removal of the testicles.

18) **Pet or Pets.** A domestic cat or dog that is owned for companionship or as a help dog. **Pet or Pets** do not include a domestic cat or dog that is involved in activities other than companionship or helping, including, but not limited to, racing, breeding, law enforcement, guarding or commercial activities.

19) **Pet Parent.** The owner of the **pet**, including owner's spouse or partner.

20) **Pet Policy Effective Date.** 12:01 a.m. of the day following the date you enroll **your pet**, as shown on the **pet schedule** of the **declarations page**, subject to the waiting periods as defined in **II. EXCLUSIONS & LIMITATIONS 1) b., 1) c., and 1) d.**

21) **Pet Schedule.** The table shown on the **declarations page** that identifies the **pet policy effective date**, policy number and **coverage** options related to a specific insured **pet**.

22) **Policy.** The terms and conditions and most recent **declarations page** that includes any endorsements that apply.

23) **Policy Effective Date.** 12:01 a.m. of the day following the date Shown in the Declarations, subject to the waiting periods as defined in **II. EXCLUSIONS & LIMITATIONS 1) b., 1) c., and 1) d.**

24) **Pre-existing conditions** means:

- Illness or condition** which developed or redeveloped prior to the **pet policy effective date**;
- an **injury**, or recurrence of an **injury**, as a result of an **accident** that occurred prior to the **pet policy effective date**; or
- any **condition** or complication resulting from an **illness** that developed, or any **injury** as a result of an **accident** that occurred prior to the **pet policy effective date**.

25) **Spaying.** Ovariohysterectomy, or resection of the ovaries and uterus.

26) **Supplies.** Any item that is **medically necessary**, as determined by the **veterinarian**, that is safe and effective for its intended use, and that omission would adversely affect the insured **pet**.

27) **Surgery or Surgeries.** Any procedure that treats diseases or **injuries** by operative manual and instrumental treatment.

28) **Vaccination.** The administration of an industry-recognized commercial vaccine by a registered licensed **veterinarian**. The vaccine must be in accordance with the manufacturer's recommendations, following a complete **clinical examination**, for prevention of disease.

29) **Veterinarian.** A properly licensed and registered **veterinarian** in active practice in the area where the **pet** is treated or examined. **Veterinarian** shall not include **you** or a member of **your** immediate family.

30) **Veterinary Examinations Fees.** Fees charged for the professional opinion of a **veterinarian**. Also referred to as consultation, examination, referral, and recheck fees.

31) **Veterinary Treatment** means:

- X-rays;
- Laboratory and **diagnostic tests**;
- Medication**;
- Surgeries**;
- Supplies**;
- Hospitalization**;
- Euthanasia; and

- h. Nursing care; provided by a licensed **veterinarian** and their staff under direct supervision.
- 32) **Waiting Periods.** 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.
- 33) **Working Pets.** Any **pet** involved in activities other than companionship or helping, including, but not limited to, racing, breeding, law enforcement, guarding or for other commercial use.
- 34) **Your Pet.** The dog or cat named in the **pet schedule** of the **declarations page**.

SAMPLE