CUSTOMER SERVICE
1-888-546-8945

PET ACCIDENT AND ILLNESS INSURANCE PLAN

I. WHAT IS COVERED

Upon Your payment of the Premiums, in reliance upon Your representations, and subject to the applicable Policy Limit shown in the Declarations, We agree to indemnify You for claims for Covered Services made under this Policy. Coverage for claims under this Policy is subject to the definition of Covered Services in Section II.H. Covered Services, the exclusions in Section III. WHAT IS NOT COVERED, and all other terms and conditions of this Policy as follows:

A. Covered Services provided by a **Vet**:

1. **We** agree to indemnify **You** for the cost of **Covered Services**, in excess of the **Deductible** and the **Co-Payment**, for the **Covered Pet** provided that:
   - **a.** The **Covered Service** occurred during the term of this **Policy**;
   - **b.** The **Illness** or **Injury** first occurred or began after the **Waiting Period**;
   - **c.** The **Covered Service** is **Medically Necessary**;
   - **d.** The **Covered Service** is administered, approved, or provided by a **Vet** within the **Coverage Territory**; and
   - **e.** The **Illness** or **Injury** is not excluded under the terms of this **Policy**.

B. Waiting Period: The **Waiting Period** for **Covered Services** resulting from **Illnesses** is fifteen (15) days. The **Waiting Period** for **Covered Services** resulting from **Orthopedic Conditions** is thirty (30) days. These **Waiting Periods** may be waived upon the completion of a medical examination of **Your Covered Pet**. This medical examination must be conducted by a licensed **Vet** following policy purchase. **You** will be solely responsible for all medical expenses and fees associated with this medical examination.

There is no **Waiting Period** for:
1. **Injuries**; and
2. **Orthopedic Conditions** resulting from an **Accident**.

C. This **Policy** neither guarantees the success nor the quality of the **Treatment** of the **Covered Pet**.

D. The term of this **Policy** begins on the **Effective Date** and continues for twelve (12) months until 12:01 A.M. Central Time on the **Expiration Date** as shown in the **Declarations**.

II. DEFINITIONS

As used in this Policy, the following terms when written with the first letter of each word in the term capitalized, shall be defined as set forth below.

These definitions apply to the singular, plural, or possessive forms of these words, and a different tense if used herein:

A. **Accident** means a sudden, unplanned, and unexpected event that causes **Injury** to **Your Covered Pet.**

B. **Annual Policy Term** means the period between the **Effective Date** and the **Expiration Date** of this **Policy**.

C. **Boarding** means having a **Covered Pet** stay at a **Vet's** or other party's facility where that **Covered Pet** is cared for unrelated to a covered **Illness** or **Injury** of the **Covered Pet**. **Boarding** includes any stay that is related to a covered **Illness** or **Injury** but the stay is not **Medically Necessary** and/or is instead for **Your** convenience.

D. **Body Site** means each knee, shoulder, hip, and foot as well as the spine, skull, jaw, ribs, and each of the major bones of the body such as the femur or tibia.

E. **Co-Payment** means the portion of the cost of **Covered Services** for which **You** are liable, after the **Deductible** is applied, as shown in the **Declarations**.

F. **Coverage Territory** means the United States of America.

G. **Covered Pet** means the domesticated cat or dog shown in the **Declarations** if that pet resides with you at the primary address listed on the **Declarations** on the date of **Treatment**.

H. **Covered Services** means the following services:

1. All **Medically Necessary Treatment** for an **Illness** or **Injury** of the **Covered Pet** other than as set forth in **Section III. WHAT IS NOT COVERED**;
2. Euthanasia costs, up to a total of $500;
3. Cremation and/or burial costs, up to a total of $250;
4. **Prescription Pet Food** prescribed by a **Vet** as part of a **Treatment Plan**, for a maximum of sixty (60) days;
5. **Prescription Drugs** prescribed by a **Vet** as part of a **Treatment Plan**;
6. Holistic and alternative therapies as part of a **Treatment Plan**;
7. Hydrotherapy as part of a **Treatment Plan**;
8. Diagnostic testing administered when **Your Covered Pet** has evidenced signs or symptoms of an **Illness** or **Injury**; and,
9. **Treatment** for **Orthopedic Conditions** up to $10,000 per **Body Site**.

I. **Declarations** means the document showing your coverages, limits of liability, **Covered Pets**, **Premium**, and other policy-related information.

J. **Deductible** means the fixed amount that **You** are required to pay for **Covered Services** before **You** pay **Your Co-Payment** and before **We** will pay for a claim. The **Deductible** is shown in the **Declarations**.

K. **Effective Date** means the date coverage begins as shown in the **Declarations**.

L. **Expiration Date** means the date coverage ends as shown in the **Declarations**.

M. **Health Representations** means written statements from **You** regarding the **Covered Pet's** health history.

N. **Hospitalization** means a **Covered Pet's** overnight stay at a **Vet's** facility in connection with obtaining **Medically Necessary Treatment**. **Hospitalization** does not mean **Boarding**.

O. **Illness** means any sickness, disease, infection, or other medical condition negatively affecting **Your Covered Pet's Normal Health** that:
1. Begins on or after the **Effective Date**;
2. Is not a **Pre-existing Condition**; and
3. Is not caused by an **Accident**.

P. **Injury** means physical harm or damage to **Your Covered Pet** that:
1. Occurs during daily activity or due to an **Accident; and**
2. Is not a **Pre-existing Condition**.

Q. **Medically Necessary** means **Covered Services** that are medically required and directly and materially related to the diagnosis and **Treatment** of an **Illness** or **Injury**.

R. **Normal Health** means the ordinary physical health and activity of **Your Covered Pet** based on age and breed.

S. **Orthopedic Condition** means conditions affecting the bones, skeletal muscle, cartilage, tendons, ligaments, and joints. It includes, but is not limited to, elbow dysplasia, hip dysplasia, intervertebral disc degeneration, patellar luxation, and ruptured cranial cruciate ligaments. It does not include cancers or metabolic, hemopoietic, or autoimmune diseases.

T. **Pet Insurance** means a property insurance **Policy** that provides coverage for **Accidents** and **Illnesses** of pets.

U. **Policy** means, collectively, the **Pet Insurance** Plan, the **Declarations**, and any endorsements to the **Pet Insurance** Plan.

V. **Policy Limit** means the maximum **We** will pay for all claims for a **Covered Pet** for **Veterinary Expenses**. The **Policy Limit** is shown in the Declarations.

W. **Pre-existing Condition(s)** means any condition for which any of the following are true prior to the **Effective Date** of a **Covered Pet's** insurance policy or during any **Waiting Period**:
1. A **Veterinarian** provided medical advice;
2. The pet received previous **Treatment**; or
3. Based on information from verifiable sources, the pet had signs or symptoms directly related to the condition for which a claim is being made.

A condition for which coverage is afforded on this **Policy** cannot be considered a **Pre-existing Condition** on any **Renewal** of this **Policy**.

X. **Prescription Drugs** means those drugs restricted by federal law to use on the order of a **Veterinarian.**

Y. **Prescription Pet Food** means foods that are specifically formulated to manage specific medical conditions that are diagnosed by a **Veterinarian. Prescription Pet Foods** are available only through a **Veterinarian** or with a veterinary prescription**. Prescription Pet Foods** do not include general maintenance diets, puppy or kitten diets, or raw food diets, even if prescribed or dispensed by a **Veterinarian**.

Z. **Premium** means the charges that must be paid to maintain coverage under this **Policy**.

AA. **Preventatives** means vaccines, vitamin supplements, and medication administered to prevent internal or external parasites, including but not limited to fleas, heartworms, and roundworms.

BB. **Renewal** means to issue and deliver at the end of an insurance policy period a policy which supersedes a policy previously issued and delivered by the same pet insurer or affiliated pet insurer and which provides types and limits

of coverage substantially similar to those contained in the policy being superseded.

CC. **Treatment** means care provided by a **Vet**, including diagnostic testing and **Prescription Drugs** for an **Illness** or **Injury** in an attempt to restore the **Covered Pet's Normal Health**.

DD. **Treatment Plan** means the duration, frequency and choice of **Treatment** as prescribed by a **Vet**.

EE. **Veterinarian** or **Vet** means an individual who holds a valid license to practice veterinary medicine from the appropriate licensing entity in the jurisdiction in which they practice.

FF. **Veterinary Expenses** means the costs associated with medical advice, diagnosis, care, or treatment provided by a **Veterinarian**, including, but not limited to, the cost of drugs prescribed by a **Veterinarian**.

GG. **Vet Visit Fees** means the time and labor costs when obtaining professional services for **Treatment** from a **Vet**, including, but not limited to, an exam, check-up, consultation, physical consultation, office visit, referral or recheck.

HH. **Waiting Period** means the period of time specified in a **Pet Insurance Policy** that is required to transpire before some or all of the coverage in the **Policy** can begin. **Waiting Periods** may not be applied to **Renewals** of existing coverage.

II. **"We," "us"** and **"our"** mean the underwriting company providing the insurance, as identified in the **Declarations**, and any administrator that provides administrative processes for this **Policy** on **our** behalf.

JJ. **Wellness Exam** means a routine medical exam, which may include testing, of a **Covered Pet** who appears healthy. An exam for **Illness** or **Injury** is not a **Wellness Exam**. A **Wellness Exam** may also be called a 'checkup' or a 'physical exam'. The focus of a **Wellness Exam** is the maintenance of **Normal Health**.

KK. **You** and **Your** means the Named Insured as shown in the **Declarations**.

III. WHAT IS NOT COVERED

The following are expressly excluded from coverage under this **Policy**:

A. **Treatment, Veterinary Expenses,** or other services including but not limited to **Prescriptions Drugs, Prescription Pet Food**, or testing for any **Pre-existing Condition**.

B. **Treatment, Veterinary Expenses**, or other services for any **Illness** or **Injury** that has the same diagnosis or symptoms as any **Pre-existing Condition**.

C. **Treatment, Veterinary Expenses**, or other services for any **Illness** or **Injury** that is caused by, relates to, or results from any **Pre-existing Condition**.

D. Any **Treatment**, **Veterinary Expenses**, **Prescription Drugs, Prescription Pet Foods**, or other service not administered, approved, or provided by a **Vet**.

E. **Treatment, Veterinary Expenses**, or other services for any **Illness** or **Injury** caused by and/or related to:

1. **Your** failure to promptly seek **Treatment** for the **Covered Pet**;
2. **Your** failure to follow a **Vet's** advice regarding **Preventatives** and/or **Treatment Plan**;
3. **Your** failure to vaccinate the **Covered Pet** as recommended by a **Vet;**

4. Internal or external parasites, including but not limited to fleas, heartworms, and roundworms. This exclusion does not apply to parasites for which there are no **Preventatives**;
5. Neglect by **You** or by a member of **Your** household;
6. Intended acts, including without limitation abuse, or other inhumane treatment, by **You** or by a member of **Your** household;
7. Spondylosis;
8. Necropsies;
9. Breeding, pregnancy, whelping, queening, and nursing; and
10. Conditions resulting from activities related to engaging in track or sled racing, guard security, working, hunting, or dog fighting.

F. Vaccinations.
G. **Preventatives**.
H. Dental **Treatment** not as a result of **Injury** from an **Accident**.
I. Brand name **Prescription Drugs** when a generic version is available. This does not apply if a **Vet** deems it **Medically Necessary** to provide a brand name **Prescription Drug** as part of a **Treatment Plan**. However, when a generic version of a **Prescription Drug** medication is available and a brand name version is deemed **Medically Necessary** by a **Vet**, **We** reserve the right to limit the amount paid to the cost of the generic version.
J. **Treatment** or **Veterinary Expenses** for more than one **Illness** or **Injury** arising from the same or similar activity that has demonstrated a likelihood of causing the repeated **Illness** or **Injury** of a **Covered Pet**; for example, foreign body and toxin ingestion.
K. Elective euthanasia not recommended by a **Vet**.
L. **Prescription Pet Food** (except as provided for **Prescription Pet Food** in **Section II. DEFINITIONS, Item H. Covered Services**), vitamins, and nutritional and dietary supplements.
M. Declawing, dew claw removal, or debarking. The dew claw removal exclusion does not apply if removal is **Medically Necessary**.
N. Secondary complications from an **Illness**, **Injury**, or service excluded by this **Policy**.
O. Incidental or consequential damages.
P. Any applicable tax, including city licensing fees, medical waste disposal fees, veterinary administrative fees, shipping fees, and postage fees.
Q. Spaying or neutering, or services obtained to facilitate spay or neuter such as pre-procedure blood testing.
R. Grooming, bathing, and/or nail clipping.
S. Fees associated with travel time or other transportation expenses for **Covered Services**, including mobile **Vet** mileage or similar charges.
T. **Boarding**.
U. **Treatment** provided outside of the **Coverage Territory**.
V. Cloned pets or cloning.
W. **Wellness Exams**.
X. **Vet Visit Fees** for **Wellness Exams**.
Y. Physical therapy and alternative treatments.
Z. Experimental or investigational treatments or medications, including clinical trials, that are not widely accepted as effective or proven in the veterinary medical community.

IV. WHAT TO DO IF A COVERED PET REQUIRES TREATMENT

If **Your Covered Pet** suffers an **Illness** or **Injury**, take the **Covered Pet** to a **Vet** of **Your** choice for **Treatment**.

A. **You** should contact **Us** to initiate a claim for any **Covered Services** provided by a **Vet** as soon as practicable following the date of the **Covered Service**. Claims initiated more than six (6) months from the first date of the **Covered Service** will be denied. **You** agree to cooperate with **Us** in the investigation or settlement of any claim. **You** also agree to provide **Us** with all requested documentation within sixty (60) days of initiating the claim, including but not limited to the following:

1. A completed claim form;
2. An affirmed proof of loss if requested;
3. Invoices from the **Vet** that provided the **Covered Services**. Such invoices should show all **Covered Services** charged, products provided, the itemized charges for all **Treatment**, any **Co-Payment** or **Deductible** collected and any discounts applied;
4. The name, address and other contact information for the **Vet**;
5. Payment receipt indicating **Your** payment(s) to the **Vet** for the **Covered Services**;
6. All requested documentation of **Covered Services** provided by a **Vet**; and,
7. Any other related supporting documentation requested.

B. **We** reserve the right to obtain additional materials or explanations from **You**, **Your Vet**, or any **Vet** who has examined and/or provided services for the **Covered Pet**. If such services appear, in **Our** sole discretion, to be unwarranted, excessive, or not **Medically Necessary**, **We** also reserve the right to have a **Vet** of **Our** choice, at **Our** expense, independently evaluate the **Illness** or **Injury** of, or services provided for, the **Covered Pet**.

C. Payment for an approved claim will be made within thirty (30) days after the amount of payment is agreed to between **You** and **Us**, and **We** have received all required materials from **You**. If **We** pay a claim contrary to the terms and conditions of this **Policy**, that payment does not waive **Our** rights to apply the terms and conditions of this **Policy** to any future claim. **We** also reserve the right to stop payment or recover from **You** any claim amount incorrectly paid.

V. YOUR DUTIES

A. **You** must notify **Us** promptly of any material change to **Your Covered Pet's** health.

B. **You** must make all efforts to maintain **Your Covered Pet's Normal Health**, including appropriate nutrition and exercise, and to follow a **Vet's** advice, including but not limited to their recommended **Preventatives** and/or **Treatment Plans**.

C. **You** must comply with the terms and conditions of this **Policy**.

D. **You** must follow a **Vet's** advice, including but not limited to obtaining a regular **Wellness Exam** for **Your Covered Pet**; and showing reasonable care in protecting **Your Covered Pet** from harm.

E. If the **Covered Pet** suffers an **Illness** or **Injury**, **You** must seek **Treatment** promptly so that the **Covered Pet's Illness** or **Injury** is not made worse due to lack of such care. Undue delay in seeking **Treatment** may be the basis for denying a claim.

F. **You** must promptly notify **Us** of any changes to **Your** mailing address, email address and other contact information on file with **Us.**

G. **You** must maintain, and provide to **Us** upon request, records of the **Covered Pet's Treatment**, including records of regular **Wellness Exams**, vaccines, medication, and all **Covered Services**. **You** also consent to such records being provided directly to **Us** by **Your Vet**.

H. The **Premium** must be paid when due. If payment details or form of payment changes, **You** must promptly update this information with **Us.**

I. **You** must disclose the **Covered Pet's** health history and any suspected health issues when requested by **Us**.

J. **You** must notify **Us** promptly of the death of the **Covered Pet** and initiate the termination of this **Policy**.

VI. YOUR REPRESENTATIONS

A. By accepting this **Policy**, **You** agree:

1. **Your Health Representations**, the statements in the **Declarations**, and the statements in **Your** application(s) for this insurance are **Your** representations;
2. **Your Health Representations**, the statements in the **Declarations**, and the statements in **Your** application(s) for this insurance are accurate and complete;
3. This **Policy** has been issued in reliance upon **Your** representations; and,
4. This **Policy** embodies all agreements existing between **You** and **Us** regarding the coverage under the **Policy**.

B. **We** will not pay any claims made under this **Policy** and may void or cancel coverage if:

1. **You** have concealed, misrepresented, or omitted a material fact in the **Declarations**, **Your Health Representations**, or **Your** respective application(s) for insurance;
2. **You** have concealed, or misrepresented, or omitted a material fact in any document related to **Your** claim for coverage under this **Policy**; or

3. **You** have committed fraud concerning or related to this insurance or the **Covered Pet**.

VII. DEDUCTIBLE, CO-PAYMENT AND POLICY LIMIT

A. Deductible.

The **Deductible** shown in the **Declarations** is the fixed amount that **You** must pay for all **Covered Services** incurred by a **Covered Pet**.

1. **Prescription Drug Claims.** No **Deductible** will apply to **Prescription Drug** claims covered under this **Policy**. However, when a generic version of a **Prescription Drug** is available, and a brand name version is deemed **Medically Necessary** by a **Vet**, **We** reserve the right to limit the amount paid to the cost of the generic version. **You** will be responsible for any amount in excess of the amount paid.

2. **Prescription Pet Food Claims**. No **Deductible** will apply to **Prescription Pet Food** claims that are covered under this **Policy**.

3. **Euthanasia Claims.** No **Deductible** will apply to Euthanasia claims that are covered under this **Policy**.

4. **Cremation or Burial Claims.** No **Deductible** will apply to Cremation or Burial claims that are covered under this **Policy**.

B. Co-Payment.

1. **Co-Payment.** The **Co-Payment** shown in the **Declarations** is the percentage of the total cost incurred for **Covered Services** related to each and every claim. The **Co-Payment** does not apply to **Prescription Pet Food** claims as specified in **VII.B.2. Prescription Pet Food Co-Payment**.

2. **Prescription Pet Food Co-Payment.** The **Prescription Pet Food Co-Payment** shown in the **Declarations** is the percentage of the total cost incurred for covered **Prescription Pet Food** that **You** must pay for each and every **Prescription Pet Food** claim.

3. **Euthanasia Claims.** No **Co-Payment** will apply to Euthanasia claims that are covered under this **Policy**.

4. **Cremation or Burial Claims.** No **Co-Payment** will apply to Cremation or Burial claims that are covered under this **Policy**.

C. Policy Limit.

The **Policy Limit** shown in the **Declarations** is the maximum amount that **We** will pay for **Covered Services** as specified in **IX.B. Policy Limit – Policy Status**.

VIII. CLAIM PAYMENTS

We will provide reimbursements for the actual cost of **Covered Services** incurred by the insured in excess of the **Deductible** and the **Co-Payment**, without limitation except for any Policy Limits as listed in the **Declarations Page** of the **Policy**. Claim payments for **Covered Services** under the **Policy** are paid directly to the insured within thirty (30) days after the disposition of the claim.

IX. TERMINATION OF AND CHANGES TO THE POLICY

A. Cancellation.

1. *Cancellation by **You***.
   You may cancel this **Policy** at any time by giving **Us** advance written notice of cancellation.
2. *Cancellation by **Us***.
   We may cancel this **Policy** at any time by mailing or delivering written notice of cancellation to **You** at least:
   a. Ten (10) days before the date cancellation becomes effective if cancellation is for nonpayment of **Premium**; or
   b. Thirty (30) days before the date cancellation becomes effective if cancellation is for any other reason.
3. The notice will be mailed or delivered to **You** at **Your** mailing address shown in the **Declarations**.
4. The cancellation notice will state the date cancellation becomes effective. That date will replace the **Policy Expiration Date** in the **Declarations**.
5. If this **Policy** is cancelled, any **Premium** refund due will be calculated on a pro rata basis. Any return **Premium** will be paid to **You** within a reasonable amount of time after the cancellation. Even if **We** have not made or offered a refund, cancellation will still be effective.
6. If the cancellation notice is mailed, proof of mailing will be sufficient proof of notice.
7. If **We** send **You** a notice of cancellation for nonpayment of **Premium** pursuant to Subsection 2.a. above, **We** will consider this notice null and void and the **Policy** will remain in effect if **We** receive the full past due **Premium** prior to the effective date of cancellation.

B. Policy Limit – Policy Status.

If the **Policy Limit** is an annual policy benefit, no further benefits will be paid under the **Policy** for the same **Annual Policy Term**, and all **Premium** is considered fully earned once the **Policy Limit** has been fully paid by **Us**.

C. Termination, Renewal and Changes to the Policy.

Renewal: **We** will automatically Renew this **Policy** at expiration, unless **You** are otherwise notified of cancellation or non-renewal. **We** may change the **Premium**, **Policy** terms, benefit limits, conditions and/or other **Policy**

parameters at **Renewal**. **You** will be notified of all changes within the **Renewal** notice.

Non-renewal: If **We** decide not to renew or not to continue this **Policy**, **We** will mail or send notice of non-renewal to the Named Insured shown on the **Declarations** at the last known electronic or mailing address appearing in **Our** records. Notice, including the reason for non-renewal, will be mailed or sent at least thirty (30) days, or as applicable by state law, prior to the end of the **Policy** term.

D. Changes to the Policy by You At Your Request.

Coverage changes requested by **You** are subject to **Our** approval, and will not be effective until approved by **Us**.

E. Automatic Termination If You Move Out Of State.

You are required by **Section V.F.** to notify **Us** of a change in address. If **You** move to a state where this **Policy** is not available, **Your** coverage under this **Policy** will automatically terminate thirty (30) days after **We** receive notice of such move.

X. COVERAGE FROM OTHER SOURCES AND SUBROGATION OF RIGHTS

If **You** submit a claim under this **Policy**, and there is other insurance providing coverage for the same costs incurred (including coverage available under any auto liability policy or similar source of coverage), then **We** will only pay for the costs incurred from approved claims made under this **Policy** that are in excess of all other valid and collectible insurance benefits, subject to the terms and conditions of this **Policy**.

If **You** have any rights to recover **Your** costs incurred from another, including but not limited to the person that caused the **Illness** or **Injury** or that person's insurer, those rights are hereby transferred to **Us**, but only to the extent of the amount **We** agree to indemnify **You** for **Your** claim under this **Policy**. After a claim is made, **You** must not impair these rights.

XI. OTHER TERMS AND CONDITIONS

A. Force Majeure.

We have no responsibility for delays or failures due to acts of God, fire, flood, explosion, war, strike, embargo, acts of the government, military authority, the elements, or other causes beyond **Our** control.

B. Electronic Delivery.

It is agreed that if **You** elect electronic delivery from **Us**, all references to mail or delivery contained within this **Policy** will be read to include **Our** right to communicate with **You** through electronic delivery.

C. Transfer.

This **Policy** may not be transferred to another person without **Our** written consent. This coverage is not transferable to other pets.

D. Action Against Us

To take any legal action against **Us** under this contract, **You** must have complied with all terms and conditions of this **Policy**, including procedures for initiating a claim as specified in **IV. What to Do if a Covered Pet Requires Treatment**. **You** have twenty-four (24) months from the claim settlement date to proceed with an action unless state law requires a longer period. The running of this period is paused from the date proof of loss is filed until the date the claim is denied in whole or in part.

E. Severability.

If at any time this **Policy's** provisions are in conflict with the applicable laws, rules, and/or regulations of the state or other jurisdiction of residence in which this **Policy** is issued, the provisions will be reformed and construed to be valid, legal, and enforceable to the maximum extent permitted by such applicable laws, rules, and/or regulations to effect the original intent of the parties as closely as possible.

F. Territory.

To be eligible under this **Policy**, services must be performed during the policy period within the United States of America.

G. Right to Examine and Return Policy.

You have thirty (30) days from the day **You** receive this **Policy** to review it and return it to **Us** if **You** decide not to keep it. **You** do not have to tell **Us** why **You** are returning it. If **You** decide not to keep it, simply return it to **Us** 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 thirty (30) days of the day **You** first received it. **We** will refund the full amount of any **Premium** paid within thirty (30) days after we receive the returned **Policy**. The **Premium** refund will be sent directly to the person who paid it. The **Policy** will be void as if it had never been issued.

H. Premium.

Premiums may be increased based on **Your** pet's individual claim history. **Premiums** are also affected by your geographic location, pet's age, and breed.