

DEDUCTIBLE, LIMITS OF INSURANCE AND COPAY

The Annual Aggregate Limit shown in the Schedule of Benefits is the maximum amount we will pay during the **Policy Year** for all **Covered Expenses** under all policy or any endorsement benefits for your **Pet**. The Annual Aggregate Limit will apply regardless of the number of:

1. benefits and coverages;
2. **Injuries**;
3. **Illnesses**;
4. **Incidents**;
5. **Treatments**;
6. **Veterinarians**; or
7. claims made.

Benefits and coverages under this policy are subject to you paying the **Deductible** shown in the Schedule of Benefits. We will reimburse you for **Covered Expenses**, less any applicable **Deductible** and **Copay**.

A per **Policy Year Deductible** shown in the Schedule of Benefits applies once per the **Policy Year** shown on the Declarations Page.

All benefits and coverages in this policy are subject to the **Copay** shown in the Schedule of Benefits. We will calculate the benefits and coverages after you have met the applicable **Deductible**.

BENEFITS AND COVERAGES

This section describes the benefits and coverages provided under this policy, subject to any terms, conditions, limitations and exclusions described in this policy and in any endorsements. Benefit amounts and any applicable Aggregate Limits are shown in the Schedule of Benefits.

ACCIDENT BENEFIT

If your **Pet** suffers an **Injury**, we will pay the Accident Benefit Amount shown in the Schedule of Benefits. **Covered Expenses** are limited to:

1. **Treatment** that is required for an **Injury**;
2. **Treatment** for an **Injury** to permanent teeth;
3. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of an **Injury**;
4. Cremation or burial expenses as the result of and occurring within 30 days of an **Injury**; and
5. Up to two **Treatments** arising from the ingestion of a foreign body.

ACCIDENTAL DEATH BENEFIT

If your **Pet** dies or is euthanized within 30 days of an **Injury** and as the direct result of the **Injury**, we will pay the Accidental Death Benefit Amount shown in the Schedule of Benefits. The Accidental Death Benefit is not subject to any **Deductible** or **Copay**.

DEFINITIONS

As used in this policy, “you” and “your” refer to the **Owner** listed on the Declarations Page. “We” and “us” refer to the Company. Capitalized and bolded words and terms have the meanings set forth below.

Copay	means the percentage of a Covered Expense for which you are responsible to pay after meeting the Deductible .
Congenital Condition	means a condition: <ol style="list-style-type: none">1. That was present at or dated from the birth of the Pet; or2. To which the Pet is predisposed through hereditary or genetic factors.
Covered Accident	means a sudden, unexpected, specific and abrupt event that is external to the body and occurs by chance at an identifiable time and place that: <ol style="list-style-type: none">1. Occurs after the benefit Waiting Period;2. Occurs while coverage for a Pet under this policy is in force; and3. Is not otherwise excluded under the terms of this policy.
Covered Expenses	means the actual costs you have paid out of pocket that are not covered by any other insurance or benefit program for the Treatment of your Pet .
Deductible	means the amount you must pay before we become responsible for the payment of any benefits and coverages under this policy.
Illness	means physical disease, sickness, infection, condition or failure that is not caused by a Covered Accident .
Incident	means a specifically identifiable Injury . Recurring, related or chronic conditions will be deemed one Incident .
Inherited Condition	means an Illness that is determined by genetic factors.
Injury	means the physical damage or bodily injury to your Pet caused by a Covered Accident .
Medically Necessary	means medical services, supplies or care provided to your Pet that are required to diagnose or treat symptoms and are accepted as good veterinary practice standards.
Owner	means the owner named on the Declarations Page.
Pet	means the animal or animals listed on the Declarations Page.
Policy Year	means the period that begins on the Effective Date stated on the Declarations Page and ends on the renewal, termination, expiration or cancellation of this policy.
Pre-Existing Condition	means any illness or injury that occurred or existed, whether or not diagnosed, prior to the Policy Effective Date or during the applicable Waiting Period as shown in the Schedule of Benefits.
Prescription Medication	means medicine dispensed only with a written prescription from a Veterinarian .
Treatment	means any Medically Necessary examination, consultation, advice, service, hospitalization, confinement, diagnostic test, x-ray, Prescription

Medication, surgery, nursing, care and physical rehabilitation provided or prescribed by a **Veterinarian**.

Veterinarian

means an individual who:

1. Is licensed and is in good standing as a doctor of veterinary medicine in the jurisdiction where **Treatment** is being performed; and
2. Renders care and service to a **Pet** that is appropriate for the condition and that is within the scope of his or her license.

Veterinarian does not include you, a member of your immediate family, or a member of your household.

Waiting Period

means:

1. With respect to a **Pet** that has been covered since the Policy Effective Date, the number of days shown in the Schedule of Benefits that must pass after the Policy Effective Date before coverage begins; or
2. With respect to a **Pet** that has been added to the policy after the Policy Effective Date, the number of days shown in the Schedule of Benefits that must pass after the date the new **Pet** is added before coverage begins.

No benefits will be paid during the **Waiting Period**.

The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this policy.

EXCLUSIONS

In addition to any benefit or coverage specific exclusion, we will not pay benefits for any **Incident** that directly or indirectly, in whole or in part, is caused by or results from any of the following, unless expressly covered in an attached endorsement:

1. A **Pet's Illness**.
2. The diagnosis or **Treatment** of any **Pre-Existing Condition**.
3. **Incidents** resulting from any intentional, neglectful or preventable acts by you, a member of your immediate family, or a member of your household.
4. Any diagnosis or **Treatment** related to:
 - a. Breeding your **Pet**;
 - b. Your **Pet** being pregnant; or
 - c. Your **Pet** giving birth.
5. **Congenital Conditions** or **Inherited Conditions**.
6. Hip dysplasia.
7. Prescribed diets, food, vitamins, and nutritional supplements.
8. Any of the following services, whether or not performed by a **Veterinarian**:
 - a. Holistic;
 - b. Homeopathic;
 - c. Acupuncture;
 - d. Chiropractic;
 - e. Hydrotherapy;
 - f. Aromatherapy; and
 - g. Physiotherapy.
9. Organ and tissue transplants, prostheses and related services.
10. Behavioral problems or the **Treatment** of behavioral problems.
11. Any **Treatment** that is experimental or investigational.
12. Routine, wellness, or preventative care.
13. **Incidents** resulting from the use of your **Pet** for professional or commercial purposes. This exclusion does not apply to use of your **Pet** as a service animal.
14. **Incidents** resulting from the use of your **Pet** for, or during the course of committing, any unlawful acts.

CLAIMS CONDITIONS

Claim Requirements

In the event you incur a loss, you must:

1. File a completed claim form with us within 90 days of the first date of **Treatment** or as soon as reasonably possible to do so. Claims filed 91 days after the first date of **Treatment** may be denied at our discretion.
2. Provide invoices from your **Pet's** treating **Veterinarian** listing the services performed, supplies provided and the itemized charges, including packages or discounts.
3. Provide a claim form with the name, address and signature of the treating **Veterinarian**.
4. Provide a payment receipt when submitting a handwritten invoice. If you do not provide a payment receipt, we will verify the invoice with your **Veterinarian** prior to paying the claim.

We will pay benefits due under this policy after we receive a completed claim form and documentation satisfactory to us that supports the claim. We will pay or deny claims upon receipt of all information we require to properly adjudicate the claim.

Right to Information

We have the right to ask for and obtain information from the treating **Veterinarian** or from you to investigate any claim.

Final Diagnosis

Any covered **Incident** where a final diagnosis has not been made by the treating **Veterinarian** will be ineligible for payment until we receive written documentation from your **Veterinarian** with the definitive diagnosis.

Right to Examine

While a claim is pending, we may, at our expense, require any covered **Pet** to be examined by a **Veterinarian** of our choice as often as reasonably necessary.

Claims Under Investigation

Claims under investigation may be ineligible for payment until the investigation is complete.

Required Level of Care

You must follow and carry out any and all **Veterinarians'** advice and exercise reasonable care to protect your **Pet** from harm. Your **Pet** must receive all **Treatments** advised by your **Veterinarian**. Your **Pet** must receive an annual physical exam, as well as all prescribed vaccines, heartworm, and flea and tick prevention advised by your **Veterinarian**.

Continuing Claims

Coverage for ongoing covered **Incidents** is allowed only if there is an active policy in force that is annually renewed and continuously maintained. Claims for **Treatment** incurred or rendered subsequent to the termination of this policy are not covered even if the claim for a covered **Incident** arises out of a medical condition that commenced prior to the termination of the policy. Continuing coverage for a covered claim from a preceding policy is subject to the terms of this policy.

Subrogation

If, following a claim, you have rights to recover all or part of any payment we have made under this policy, those rights are transferred to us.

Right of Recovery

If we overpay a benefit, we have the right to recover the amount overpaid by either a request for lump sum payment of the overpaid amount or a reduction of any amounts payable to you under this policy.

Fraudulent Claims

If you or anyone acting on your behalf submits a fraudulent claim, all pending and future benefits under the policy will be lost with respect to your policy.

Action against Us

You may not take action against us until 91 days after your proof of loss is filed and benefits are determined. From this time, you will have 12 months from the date of loss to take legal action against us with respect to recovery of a claim under this policy. You may not take action against us unless you have complied with all of the terms and conditions of this policy.

Cooperation

You must cooperate with us in the investigation or settlement of any claim.

RENEWAL, CANCELLATION AND NONRENEWAL

Automatic Renewal

We will automatically renew this policy at the end of the **Policy Year** shown on the Declarations Page, unless we otherwise notify you of a nonrenewal. We may change the premium, **Copay**, **Deductible**, and policy terms and conditions at renewal. We will provide you with written notice of all changes.

Cancellation and Nonrenewal

You may cancel your policy at any time by providing us with written notice. We may cancel your policy by providing you with written notice at least:

1. 20 days before the date of cancellation if we cancel for nonpayment of premium; or
2. 30 days before the date of cancellation if we cancel for any other reason.

Notice of cancellation will state the date of cancellation. The policy will end on the date specified in the notice of cancellation.

We will mail or deliver notice of cancellation to your last mailing address known to us, and a copy will be sent to your agent or broker of record, if any, at the last mailing address known to us.

We may elect not to renew this policy and may do so by mailing you written notice of our election not to renew to your last mailing address known to us at least 60 days prior to the end of the **Policy Year** shown on the Declarations Page.

Return of Premium

If this policy is cancelled for any reason other than as provided in the 10-Day Right To Examine And Cancel Policy, we will refund you a portion of the premium paid, calculated on a pro-rata basis. The cancellation will be effective even if we have not already made or offered a refund.

CHANGING COVERAGE

You may apply for a change in your coverage at any time during the **Policy Year** by providing us with a written request.

1. A request for a reduction of your **Pet's** coverage will become effective the day after we receive the request.
2. A request for an increase of your **Pet's** coverage will become effective, subject to our approval, as shown on your replacement Declarations Page and Schedule of Benefits.

We will issue a replacement Declarations Page and Schedule of Benefits or endorsement showing your new level of coverage. A new Effective Date for the calculation of your **Deductible** and **Copay** may apply when you change your coverage.

Any increase in coverage will be subject to an additional **Waiting Period** beginning on the new Effective Date shown on the Declarations Page.

If you choose to increase your coverage, any covered **Incident** first diagnosed or treated before the change was made will be subject to the Annual Aggregate Limit, **Deductible** and **Copay** in place at the time the **Incident** was first diagnosed or treated.

If you choose to decrease your coverage, any covered **Incident** first diagnosed or treated before the change was made will be subject to the new Annual Aggregate Limit, **Deductible** and **Copay**.

GENERAL CONDITIONS

Entire Contract

This policy is issued in consideration of the application and the payment of the first premium. All statements made in the application are representations and not warranties. No written statement made by you or on your behalf will be used by us to contest this policy, or defend a claim under it, unless it is in the application. Any additional endorsements are shown on the Declarations Page and are attached to and made a part of this policy. This policy, the attached application, and any subsequent applications contain the entire policy between you and us.

Territory

Coverage under this policy applies only to **Incidents** that occur and are treated within the Territory shown on the Declarations Page. No coverage exists for a covered **Incident**, **Treatment** or event that occurs outside of the Territory.

Other Insurance

If a claim arises under this policy and your **Pet** is covered under any other insurance, this policy will be considered excess insurance. This policy will only respond to claim amounts remaining after all other valid and collectible insurance has been exhausted, subject to the terms and conditions of this policy.

Unpaid Premiums

Upon the payment of a claim under this policy, we may deduct any premium owed that is due from the claim payment.

Change of Address

You agree to notify us in the event that your mailing address, email address, or other contact information changes. You may notify us in writing at the address shown on the Declarations Page.

Electronic Delivery

By accepting the terms of this insurance as evidenced by the payment of premiums, you agree that this policy, its **endorsements** and any notices may be delivered to you by electronic mail at our option.

Conformity with Law

Any provision of this policy that, on its effective date, conflicts with the laws of the Governing Jurisdiction is hereby amended to conform to the minimum requirements of such law.

Promotional Offers

From time to time, at our option and in compliance with all applicable law, you may receive certain promotional offers. These offers include but are not limited to gift cards, coupons, gift certificates, items of merchandise, and similar promotional items, but in no event will promotional items exceed a value of \$25.00.

LIBERTY MUTUAL FIRE INSURANCE COMPANY
(A Stock Insurance Company, hereinafter "Liberty," or "the Company")
175 Berkeley Street, Boston, MA 02116

Owner:

Policy Number: Pet

Name[s]:

Endorsement Effective Date:

ILLNESS COVERAGE ENDORSEMENT

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

The policy is hereby amended to include **Illness** coverage as provided by this endorsement.

SCHEDULE OF BENEFITS

Waiting Period	14 days
ILLNESS BENEFIT	
Benefit Amount	X% of Covered Expenses incurred

BENEFITS AND COVERAGES

This section describes the benefits and coverages provided under this endorsement, subject to any terms, conditions, limitations and exclusions described in this policy and in any endorsements. Benefit amounts and any applicable Aggregate Limits are shown in the Schedule of Benefits.

ILLNESS BENEFIT

If your **Pet** is diagnosed with a covered **Illness**, we will pay the Illness Benefit Amount shown in the Schedule of Benefits. **Covered Expenses** are limited to:

1. **Treatment** that is required for a covered **Illness**;
2. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of a covered **Illness**; and
3. Cremation or burial expenses as the result of and occurring within 30 days of a covered **Illness**.

DEFINITIONS

For the purposes of the coverage provided by this endorsement, the policy terms below will be defined as follows:

- Incident** means a specifically identifiable **Injury** or **Illness**. Recurring, related or chronic conditions will be deemed one **Incident**.
- Pre-Existing Condition** means any illness or injury that occurred or existed, whether or not diagnosed, prior to the Endorsement Effective Date or during the applicable **Waiting Period** as shown in the Schedule of Benefits.
- Waiting Period** means:
1. With respect to a **Pet** that has been covered since the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the Endorsement Effective Date before coverage begins; or
 2. With respect to a **Pet** that has been added to the policy after the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the date the new **Pet** is added before coverage begins.
- No benefits will be paid during the **Waiting Period**.
- The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this endorsement.

EXCLUSIONS

With respect to the coverage provided by this endorsement, we will not pay benefits for any **Incident** that directly or indirectly, in whole or in part, is caused by or results from any of the following:

1. Fragmented Coronoid Process (FCP), Ununited Acromioclavicular Process (UACP);
2. Obesity, unless due to an underlying medical condition;
3. Osteochondritis Dissecans (OCD) including but not limited to the hock, elbow, carpus and shoulder;
4. Osteochondrosis
5. Osteoarthritis;
6. Spondylosis;
7. Luxating patella;
8. Gastropexy unless needed to treat gastric dilation volvulus (bloat);
9. Any condition that occurs in an unsterilized **Pet** that could have been prevented by sterilization of your **Pet**. These conditions include, but are not limited to, those relating to prostate glands, testes, uteri, ovaries, perianal tumors or mammary tumors; or
10. Age-related changes to your **Pet's** eyes or ears including nuclear sclerosis, iris atrophy, vitreal degeneration, or loss of sight or hearing.

Policy exclusion number one does not apply to coverage specifically provided under this endorsement.

LIBERTY MUTUAL FIRE INSURANCE COMPANY
(A Stock Insurance Company, hereinafter "Liberty," or "the Company")
175 Berkeley Street, Boston, MA 02116

Owner:

Policy Number:

Pet Name[s]:

Endorsement Effective Date:

HEREDITARY AND CONGENITAL COVERAGE ENDORSEMENT

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

The policy is hereby amended to include **Congenital** and **Inherited** coverage as provided by this endorsement.

SCHEDULE OF BENEFITS

Waiting Period 14 days

CONGENITAL AND INHERITED BENEFIT

Benefit Amount X% of **Covered Expenses** incurred

HIP DYSPLASIA

Benefit Amount X% of **Covered Expenses** incurred

BENEFITS AND COVERAGES

This section describes the benefits and coverages provided under this endorsement, subject to any terms, conditions, limitations and exclusions described in this policy and in any endorsements. Benefit amounts and any applicable Aggregate Limits are shown in the Schedule of Benefits.

CONGENITAL AND INHERITED BENEFIT

If your **Pet** is diagnosed with a covered **Congenital Condition** or **Inherited Condition**, we will pay the Congenital and Inherited Benefit Amount shown in the Schedule of Benefits. **Covered Expenses** are limited to:

1. **Treatment** that is required for a covered **Illness**;
2. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of a covered **Illness**; and
3. Cremation or burial expenses as the result of and occurring within 30 days of a covered **Illness**.

HIP DYSPLASIA BENEFIT

If your **Pet** is diagnosed with hip dysplasia, we will pay the Hip Dysplasia Benefit Amount shown in the Schedule of Benefits. **Covered Expenses** are limited to:

1. **Treatment** that is required for a covered **Illness**;
2. Euthanasia and attendant anesthesia for your **Pet** that is performed by a **Veterinarian** as a result of a covered **Illness**; and
3. Cremation or burial expenses as the result of and occurring within 30 days of a covered **Illness**.

DEFINITIONS

For the purposes of the coverage provided by this endorsement, the policy terms below will be defined as follows:

Incident	means a specifically identifiable Injury or Illness . Recurring, related or chronic conditions will be deemed one Incident .
Pre-Existing Condition	means any illness or injury that occurred or existed, whether or not diagnosed, prior to the Endorsement Effective Date or during the applicable Waiting Period as shown in the Schedule of Benefits.
Waiting Period	means: <ol style="list-style-type: none">1. With respect to a Pet that has been covered since the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the Endorsement Effective Date before coverage begins; or2. With respect to a Pet that has been added to the policy after the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the date the new Pet is added before coverage begins. No benefits will be paid during the Waiting Period . The Waiting Period does not apply to a Pet in any subsequent renewal of this endorsement.

EXCLUSIONS

With respect to the coverage provided by this endorsement, we will not pay benefits for any **Incident** that directly or indirectly, in whole or in part, is caused by or results from any of the following:

1. Obesity, unless due to an underlying medical condition;
2. Any condition that occurs in an unsterilized Pet that could have been prevented by sterilization of your **Pet**. These conditions include, but are not limited to, those relating to prostate glands, testes, uteri, ovaries, perianal tumors or mammary tumors; or

Policy exclusions number five and six do not apply to coverage specifically provided under this endorsement.

LIBERTY MUTUAL FIRE INSURANCE COMPANY
(A Stock Insurance Company, hereinafter "Liberty," or "the Company")
175 Berkeley Street, Boston, MA 02116

Owner:

Policy Number:

Pet Name[s]:

Endorsement Effective Date:

BEHAVIORAL THERAPY COVERAGE ENDORSEMENT

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

The policy is hereby amended to include behavioral therapy coverage as provided by this endorsement.

SCHEDULE OF BENEFITS

Waiting Period 14 days

BEHAVIOR THERAPY BENEFIT

Benefit Amount X% of **Covered Expenses** incurred

Benefit Maximum X Therapy Sessions per **Incident**

BENEFITS AND COVERAGES

This section describes the benefits and coverages provided under this endorsement, subject to any terms, conditions, limitations and exclusions described in this policy and in any endorsements. Benefit amounts and any applicable Aggregate Limits are shown in the Schedule of Benefits.

BEHAVIORAL THERAPY BENEFIT

If your **Pet** is diagnosed with a behavioral problem requiring medical or therapeutic modification, we will pay the Behavioral Therapy Benefit shown in the Schedule of Benefits for **Covered Expenses** you incur for required **Prescription Medication** or therapy sessions provided to your **Pet**, subject to the following:

1. Behavioral problems must be diagnosed by a **Veterinarian**;
2. Behavioral problems must be deemed unacceptable or unnatural;
3. Therapy must be administered by a therapist or a trainer who is appropriately licensed or certified, as applicable, to provide such behavioral therapy to your **Pet**; and
4. We will not pay for any service provided to your **Pet** beyond the Behavioral Therapy Benefit Maximum shown in the Schedule of Benefits.

DEFINITIONS

For the purposes of the coverage provided by this endorsement, the policy terms below will be defined as follows:

Incident means a specifically identifiable **Injury** or **Illness**. Recurring, related or chronic conditions will be deemed one **Incident**.

Pre-Existing Condition means any illness or injury that occurred or existed, whether or not diagnosed, prior to the Endorsement Effective Date or during the applicable **Waiting Period** as shown in the Schedule of Benefits.

Waiting Period means:

1. With respect to a **Pet** that has been covered since the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the Endorsement Effective Date before coverage begins; or
2. With respect to a **Pet** that has been added to the policy after the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the date the new **Pet** is added before coverage begins.

No benefits will be paid during the **Waiting Period**.

The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this endorsement.

EXCLUSIONS

Policy exclusion number ten does not apply to coverage specifically provided under this endorsement.

LIBERTY MUTUAL FIRE INSURANCE COMPANY
(A Stock Insurance Company, hereinafter "Liberty," or "the Company")
175 Berkeley Street, Boston, MA 02116

Owner:

Policy Number:

Pet Name[s]:

Endorsement Effective Date:

ALTERNATIVE MEDICINE COVERAGE ENDORSEMENT

This endorsement is attached to and made part of your policy as of the Endorsement Effective Date. It is subject to all of the terms, conditions, provisions, limitations and exclusions of the policy except as they are expressly modified by this endorsement.

The policy is hereby amended to include alternative medicine coverage as provided by this endorsement.

SCHEDULE OF BENEFITS

Waiting Period 14 days

ALTERNATIVE MEDICINE BENEFIT

Benefit Amount X% of **Covered Expenses** incurred

BENEFITS AND COVERAGES

This section describes the benefits and coverages provided under this endorsement, subject to any terms, conditions, limitations and exclusions described in this policy and in any endorsements. Benefit amounts and any applicable Aggregate Limits are shown in the Schedule of Benefits.

ALTERNATIVE MEDICINE BENEFIT

If, as the result of a covered **Incident**, your **Pet** is prescribed alternative medical care, we will pay the Alternative Medicine Benefit shown in the Schedule of Benefits for **Covered Expenses** you incur for care or **Treatment** provided to your **Pet**, subject to the following:

1. **Incidents** must be diagnosed and alternative care prescribed by a **Veterinarian**;
2. Covered alternative care is limited to holistic therapy, homeopathic therapy, acupuncture, chiropractic therapy; hydrotherapy; aromatherapy, and physiotherapy; and
3. Care must be performed by a **Veterinarian** registered as a member of one of the following:
 - a. American Veterinary Chiropractic Association;
 - b. Academy of Veterinary Homeopathy;
 - c. American Academy of Veterinary Acupuncture;
 - d. American Association of Rehabilitation; or
 - e. American Holistic Veterinary Medical Association.

DEFINITIONS

For the purposes of the coverage provided by this endorsement, the policy terms below will be defined as follows:

Pre-Existing Condition means any illness or injury that occurred or existed, whether or not diagnosed, prior to the Endorsement Effective Date or during the applicable **Waiting Period** as shown in the Schedule of Benefits.

Waiting Period means:

1. With respect to a **Pet** that has been covered since the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the Endorsement Effective Date before coverage begins; or
2. With respect to a **Pet** that has been added to the policy after the Endorsement Effective Date, the number of days shown in the Schedule of Benefits that must pass after the date the new **Pet** is added before coverage begins.

No benefits will be paid during the **Waiting Period**.

The **Waiting Period** does not apply to a **Pet** in any subsequent renewal of this endorsement.

EXCLUSIONS

Policy exclusion number eight does not apply to coverage specifically provided under this endorsement.