
trupanion™
Medical insurance for the life of your pet.
The Trupanion Plan
Sample
888.733.2685
TRUPANION.COM
Underwritten in Canada by Omega General Insurance Company and in the United States by American Pet Insurance Company.
Medical Insurance for the Life of Your Pet – TRU (C) 00001 (V01.201907)


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Dear Member,

Welcome to Trupanion! Whether you're new to the Trupanion family or you've been with us for years, thank you for choosing Trupanion for your beloved pet's medical insurance.

We're driven by our desire to help the pets we all love receive the best veterinary care. The problem Trupanion solves is simple: We're here to help you budget for veterinary expenses in case your pet gets sick or hurt. You don't know if your pet will be "lucky" and healthy or "unlucky" and face many injuries and illnesses over the course of their life. Having Trupanion means that you can follow your veterinarian's recommended treatment plan regardless of the cost.

With Trupanion's lifelong coverage and our Member Experience team here to help 24/7/365, you and your furry friend are free to enjoy your lives together with unconditional love.

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DARRYL RAWLINGS | FOUNDER & CEO

Get to know your coverage

We want to make sure you know your coverage, so please take a few minutes to read through this plan and let us know if you have any questions—we're always here to help and just a phone call away. Please note, any italicized and capitalized terms throughout this plan are defined in Section 6.

888.733.2685 | **CUSTOMERCARE@TRUPANION.COM**



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Your coverage explained

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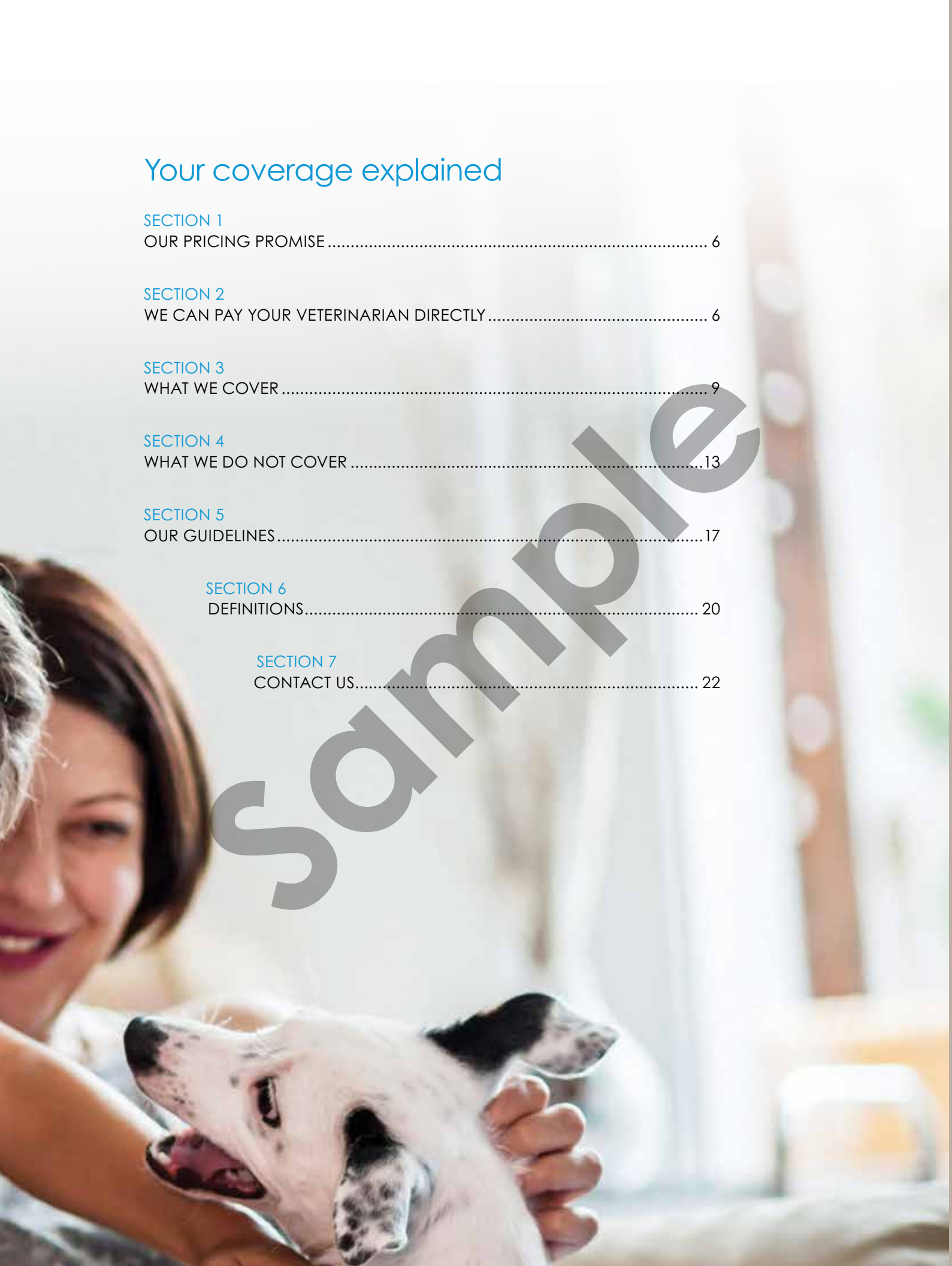
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SECTION 1

Our pricing promise

What's the problem *We're* solving? Trupanion exists to help Pet Owners budget for unexpected veterinary costs when their Pet gets sick or hurt. The wide variance in veterinary costs between treating a lucky Pet and an unlucky Pet, makes it very difficult for a responsible, loving Pet Owner to budget for their Pet's specific needs. Even if a Pet Owner knew the exact cost of the unexpected care for their Pet's Injuries and Illnesses, they still won't know when in their Pet's life those unexpected cost will occur.

Your Monthly Cost? To keep Our pricing promise, Your monthly cost will be guaranteed not to change (except for changes You may initiate) more than once in any 12 month consecutive period. Your monthly cost will be evaluated monthly to ensure that Your rates are based on the most current approved rate filing. At these evaluations, We will assess whether at least 12 months has passed since Your last rate adjustment and whether a rate adjustment has been approved. If both of these statements are true, We will notify You at least a 30 days in advance of any change to Your monthly cost.

SECTION 2

We can pay your veterinarian directly

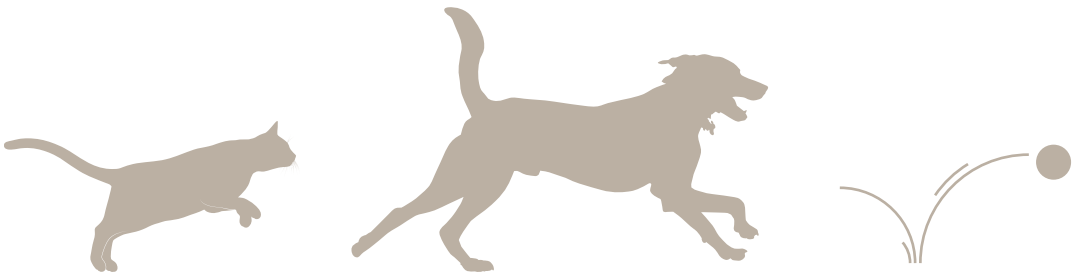
Our patented software allows *Us* to pay invoices directly to *Hospitals* at checkout. *You* often pay only *Your Share* of the bill at checkout instead of paying the full bill upfront and waiting for reimbursement.

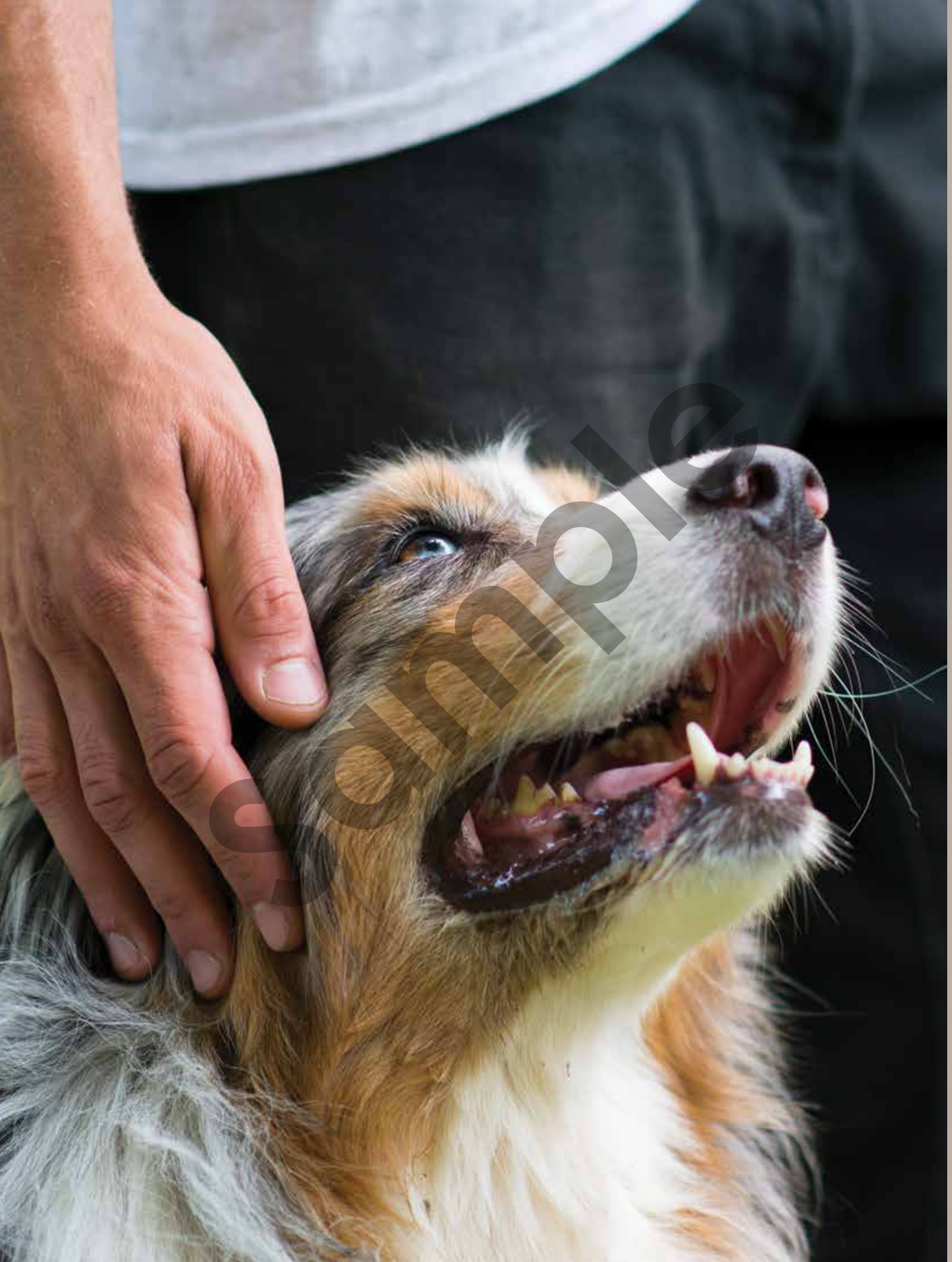
To find out if *Your Hospital* is one of the thousands with *Our* software, visit Trupanion.com/vet-direct-pay. If *Your Hospital* does not have Trupanion's software yet, *You* can request *We* reach out to *Your Veterinarian* from that page, and *We* will contact them about installing the free software.

If *Your Veterinarian* does not have *Our* software, *You* may direct *Us* on the claim form to pay the treating *Veterinarian* if *We* have an arrangement to do so with *Your Hospital*.

If *We* are unable to pay *Your Veterinarian* directly, *You* must pay *Your Pet's* invoice and submit a fully completed claim form and supporting invoice(s) for each eligible *Illness* or *Injury* to receive payout from Us. *You* can submit *Your* invoice online by visiting *Members*. Trupanion.com. *We* can send *Your* payouts fastest by depositing them directly into *Your* bank account.

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SECTION 3

What we cover

We provide the coverage described in this plan in return for the timely and successful receipt of *Your* monthly payments, subject to the following terms and conditions:

A. WE COVER:

I. The *Actual Cost of Veterinary Treatment You* incur, subject to *Your Payout Percentage*, for unexpected *Illnesses* or Injuries not documented as ineligible on *Your Coverage Summary Report*.

B. COVERAGE SUMMARY REPORT:

I. As a valued Trupanion *Member, We* want *You* to know what will and will not be eligible for coverage as soon as possible after *You* enroll. In *Our* efforts to be proactive and transparent, *We* will provide *You* with a *Coverage Summary Report* completed to the best of *Our* ability within the first 30 days after adding *Your Pet* to *Your Membership*. *Your Coverage Summary Report* will highlight:

1. Any *Illnesses* (including *Dental Illnesses*), Injuries, or *Behaviors*, including evidence of their potential manifestation(s), that started before *You* added *Your Pet* to *Your Membership* and/or during any applicable waiting period.

   a. This includes problems that vary from the medically desired functional state and are outwardly observable or reasonably known to be present prior to adding *Your Pet* to *Your Membership* or during any applicable waiting period.

   b. The *Illnesses*, Injuries, and *Behaviors* indicated on *Your Coverage Summary Report*, including their potential manifestations, will be ineligible for coverage.

   c. Any new *Illnesses* or Injuries that arise after adding *Your Pet* to *Your Membership* and any applicable waiting period that are not listed on *Your Coverage Summary Report* will be eligible for coverage, subject to all other terms and conditions outlined in this plan.

II. *Your Coverage Summary Report* is created using the medical records provided to *us* and can change if *We* receive additional information or if *We* determine the original assessment is no longer accurate.

III. You agree to provide *Us* all medical history/records associated with *Your Pet. You* authorize Us, at the time of enrollment and any time thereafter, to contact any veterinary *Hospitals* to obtain all available medical records that exist for *Your Pet. You* authorize any veterinary *Hospitals* to release all medical records that exist for *Your Pet* to *Us*.

IV. We may require *Your* assistance in acquiring *Your Pet's* medical records in order to complete this report in a timely fashion.

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V. We may cancel *Your Membership* if *We* are unable to provide a completed *Coverage Summary Report* because *We* did not receive complete medical records by the date requested. If *We* cancel *Your Membership*, *We* will send a cancellation notice to *You* at *Your* last known address at least 20 days before *Your Membership* cancels. *We* will also attempt to contact *You* by text, email, or phone.

1. If *We* cancel *Your Membership*, *You* may re-enroll after collecting *Your Pet's* complete medical history from *Your Veterinarian(s)*.

VI. *Your Pet* must be Examined by a *Veterinarian* in the 12 months prior to adding *Your Pet* to *Your Membership*. If *Your Pet* has not received an Examination within that time, *We* may cancel *Your Membership* because *We* cannot complete a *Coverage Summary Report* without those records. If *We* cancel *Your Membership*, *We* will refund any payments made to Us, except for the fee charged for attempting to complete *Your Coverage Summary Report*. *We* will not offer a refund when *We* have already paid an invoice *You* submitted.

1. *Pets* who enroll before they're 8 weeks old do not require an *Examination*.
2. If *We* cancel *Your Membership* because *Your Pet* has not been seen by a *Veterinarian* in the 12 months prior to adding *Your Pet* to *Your Membership*, *You* may re-enroll after *Your Pet* has an Examination by a *Veterinarian* and *We* receive the records from the visit.

C. PAYOUT PERCENTAGE:

I. *Payout Percentage* is the percentage of the *Actual Cost of Veterinary Treatment* that *We* are responsible for paying.

II. You select *Your Payout Percentage* on the day *You* add *Your Pet* to *Your Membership*.

III. You may increase *Your Payout Percentage* only within the first 30 days after *You* add *Your Pet* to *Your Membership*, and *Your* new *Payout Percentage* (and corresponding new monthly cost) will take effect on *Your* next billing date.

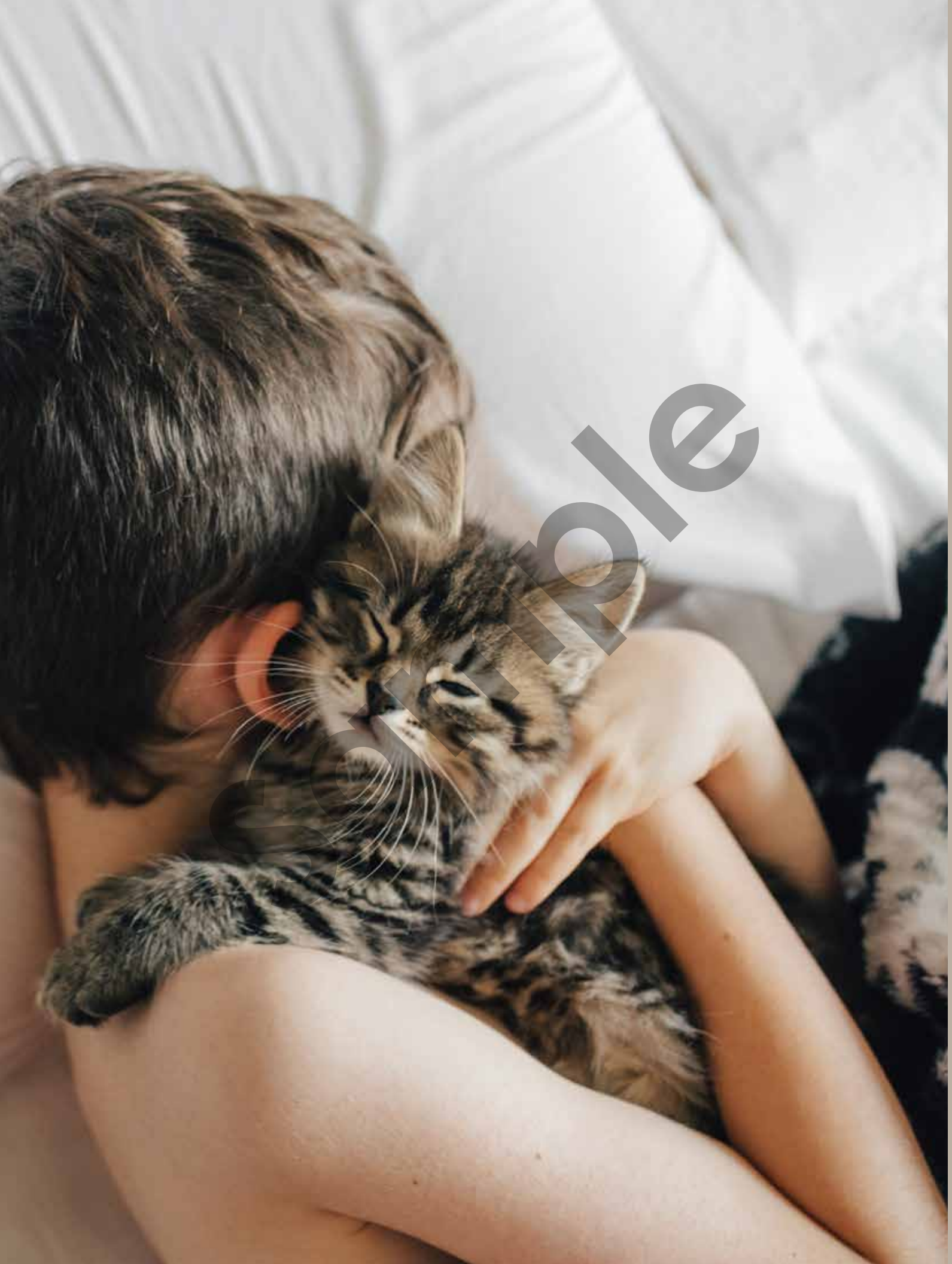
IV. You may decrease *Your Payout Percentage* at any time, and *Your* new *Payout Percentage* (and corresponding new monthly cost) will take effect on *Your* next billing date.

V. *Your* selected *Payout Percentage* will be shown on *Your Declaration Page*.

D. PRESCRIPTION FOOD:

I. While *We* do not cover costs to feed *Your Pet* because food is an expected need for all *Pets*, *We* understand it can be difficult to determine whether *Prescription Food* will benefit *Your Pet*. *We* want to remove the barrier for *Your* trusted *Veterinarian* to help determine the most beneficial *Prescription Food* for *Your Pet's Illness* or *Injury*. For this reason, *We* will cover up to 90 days of *Prescription Food* for *Your Pet* over the course of their life. The amount of *Prescription Food We* will cover is based on the standard feeding guidelines for the weight of *Your Pet*, determined by their breed's average size. This diet must be recommended by *Your Veterinarian* to treat unexpected *Illnesses* or *Injuries* eligible for coverage under the terms and conditions of this plan.

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SECTION 4

What we do not cover

We do not cover costs for any of the following. These costs, as well as *Your* portion of *Your Payout Percentage* make up *Your Share* of the invoices *You* submit.

A. PROBLEMS THAT OCCUR BEFORE OR DURING YOUR WAITING PERIOD:

I. Our waiting period exists to prevent fraud or otherwise enrolling *Pets* who may be already sick or hurt. Insurance is structured to help *You* with unexpected issues—not problems that happen before *Your Membership* or that *You* wait until after adding *Your Pet* to *Your Membership* to disclose. Therefore, *Illnesses*, (including *Dental Illnesses*), Injuries, or *Behaviors* for which sign(s) or evidence occur or recur within 12 days after adding *Your Pet* to *Your Membership* (counting the day they enroll as day 1), as noted in *Your Coverage Summary Report*, even if not noted in *Your Pet*'s medical records, regardless of presence or lack of diagnosis, are not eligible for coverage.

B. PROBLEMS THAT START BEFORE YOU ENROLLED:

I. We do not offer coverage for *Illnesses*, (including *Dental Illnesses*), Injuries, or *Behaviors* present prior to adding *Your Pet* to *Your Membership*. This includes *Conditions* with an increased likelihood of occurring based on any previous signs, evidence, or abnormal laboratory results or tests, as noted in *Your Coverage Summary Report*, even if not noted in *Your Pet*'s medical records and regardless of presence or lack of diagnosis.

C. ROUTINE OR PREVENTIVE CARE

I. We do not cover routine or preventive care including, but not limited to: *Vaccinations*, titer tests, genetic/DNA tests, diagnostic tests, and parasite prevention, as these are expected costs for which *You* can budget. These costs are frequently included with *Hospital*-based wellness plans, which complement *Your* coverage from *Us*.

II. We do not cover routine dental care including, but not limited to: *Dental Prophylaxis* and associated costs, open or closed root planning, toothbrushes, toothpastes, and dental foods, chews, and rinses at any time for any reason.

D. EXAMINATION FEES

I. We do not cover Examination fees of any kind. *Our* coverage is provided without annual, lifetime, and/or per condition limits or deductibles. *We* consider Examination fees to be *Your Share* of *Your Pet*'s medical needs. Also, *We* complement *Hospital*-based wellness plans, which typically include Exams and wellness services.

E. INVOICES IF YOU DO NOT DO THE FOLLOWING:

I. Protect *Your Pet* from the exacerbation and/or recurrence of any *Injury* or *Illness* after its initial occurrence. If there is a recurring *Behavior* to be excluded from *Your* coverage and it is not listed on *Your Coverage Summary Report*, *We* may notify *You* in writing via mail or email by amending *Your Coverage Summary Report* (to the last addresses known to *Us*).

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II. Administer *Vaccinations* and preventive *Veterinary Treatment* or *Medication* as recommended by *Your Veterinarian* to protect against *Illness*. *We* do not pay for *Illnesses* (including treatment or diagnostics) that can be prevented by *Vaccination*, preventive *Medication*, or *Veterinary Treatment* if *You* did not provide that preventive care to *Your Pet*.

1. If *You* provide Vaccine for *Your Pet* per the recommendations of *Your Veterinarian* and *Your Pet* still contracts an *Illness* that the Vaccine intended to prevent, *We* will cover the cost of treating that *Illness*.
2. If *Your Pet* receives *Veterinary Treatment* for Dental Prophy, spay, neuter, *Vaccinations*, or gastropexy per the recommendations of *Your Veterinarian* and there are complications from that *Veterinary Treatment*, *We* will cover the cost to treat those complications for *Your Pet*.

III. Act prudently in the care and protection of *Your Pet*. As such, *You* must follow *Your Veterinarian's* advice regarding *Your Pet*'s treatment, diagnostics, and regularly scheduled wellness *Exams*.

IV. Follow *Your Veterinarian's* advice about dental care. If recommended, *Your Pet* must undergo *Dental Prophylaxis* performed by or under the *Direct Supervision* of a *Veterinarian* within the timeframe *Your Veterinarian* recommended. If *Your Veterinarian* does not provide a recommended timeframe, the specified treatment must be completed within 90 days of the recommendation. If for any reason *Your Pet*'s teeth have not been *Examined* by a *Veterinarian* within 12 months prior to adding *Your Pet* to *Your Membership*, dental coverage starts from the date of *Your Pet*'s first dental Examination after adding *Your Pet* to *Your Membership*. In addition to all other terms and conditions, any *Illnesses*, Injuries, or signs found prior to or at such *Examination* will not be eligible for dental coverage.

F. OTHER EXCLUSIONS: *We* do not cover at any time for any reason the costs, fees, or expenses associated with:

I. Any cost incurred that does not qualify as *Veterinary Treatment* as defined in *Your Membership* plan, including *Experimental* treatments;

II. Any *Veterinary Treatment* related to retained deciduous teeth if *Your Pet* enrolled at or after 6 months of age.

III. Complications or sequelae to *Illnesses*, *Injuries*, procedures, diagnostic tests, treatments, and/or *Medications* excluded or restricted by the coverage outlined in this plan;

IV. *Illnesses* (including *Dental Illnesses*), *Injuries*, or *Behaviors* masked or controlled by *Veterinary Treatment*, *Medication* (including *Supplements* and herbs), or *Prescription Food*.

V. Compilation or transmission of medical records, insurance claim forms, or invoices;

VI. Administrative charges, shipping costs, or postage;

VII. Parasitic infection, infestation, treatment, diagnostics, or control for internal or external parasites for which there are readily available preventive treatments;

VIII. *Veterinary Treatments* or diagnostics in the absence of signs or evidence indicating an *Illness* or *Injury*;

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IX. Elective, cosmetic, or preventative procedures including, but not limited to: tail docking, ear cropping, declawing, dew claw removal, microchip implantation, and associated costs of each;

X. Anal gland expression;

XI. Spaying or neutering at any time for any reason unless recommended by *Your Veterinarian* following an *Illness* or *Injury* that involves damage to the reproductive organs;

XII. Cremation, burial, and additional post-mortem costs;

XIII. *Boarding* including, but not limited to: medical *Boarding*, day care, day stay, and day observation;

XIV. Transport expenses, travel, or mileage fees;

XV. Bedding, housing, crates, cages, ramps, feeding bowls/platforms, feeding, exercise, non-prescribed special diets, raw food diets, *Pet* foods, routine or preventive *Supplements*, bathing (including bathing intended as *Veterinary Treatment* for an eligible *Condition*), non-medicated shampoo, grooming, nail trims, ear cleaning, ear irrigation, toys, clothes, leashes, collars, electronic or other wearables, non-*Hospital*-based diagnostic or treatment equipment, and/or treats;

XVI. *Illnesses* or Injuries to *Your Pet* that arise from *Your* intentional or reckless activity. Permitting *Your Pet* to be in the company of someone *you* know or should know is a danger to *Your Pet* will be deemed reckless, and resulting Injuries will not be eligible for coverage;

XVII. Any *Illness* or *Injury* resulting from activities related to training for or participating in racing, including track and sled racing;

XVIII. Cloning;

XIX. Cloned *Pets*;

XX. Any claim for loss that arises from a nuclear reaction, radiation, radioactive contamination, or the discharge of a nuclear device or a chemical, biological, biochemical, or electromagnetic weapon, device, agent, or material, whether controlled or uncontrolled, accidental or otherwise;

XXI. Any claim for loss that arises from war, invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection, strikes, riots, or civil commotion.

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SECTION 5

Our guidelines

A. No coverage will be provided for any *Veterinary Treatment* costs or losses incurred during any period of time in which *Your Membership* is not active.

B. This lifetime Membership will renew automatically every month as long as *Your* monthly payments are current. If *Your* monthly payments are not kept current, *We* may attempt to contact *You* by phone, text, email, or mail to process *Your* payment and keep *Your* coverage intact. If *We* are unable to reach *You* to resolve *Your* failed payments, *We* may cancel *Your Membership* by sending a notice of cancellation to *You* at *Your* last known address at least 20 days before *Your Plan* cancels.

C. *Your* successful monthly payments constitute *Your* acceptance of all terms and conditions contained in this plan.

D. All *Veterinary Treatment(s)* and care must be provided by a qualified, appropriately-licensed *Veterinarian* with the necessary training and expertise or by a staff member at the authorization of and under the *Veterinarian's Direct Supervision*.

E. Coverage for *Veterinary Treatment* may be provided under *Your Membership* only while *Your Pet* is in the United States of America, Puerto Rico, Canada, Australia, or any other region under US, Canadian, or Australian government control, such as military installations/bases in foreign countries.

F. We will prorate costs if the invoiced items are applicable to more than one eligible or ineligible *Condition* or procedure.

G. If *We* incorrectly pay an invoice for any *Illness* or *Injury* that is not eligible under *Your Membership* terms and conditions, that payment by *Us* does not waive *Our* right to apply the terms and conditions of *Your Membership* appropriately to any other submitted invoices.

H. This coverage is not transferable to other *Pets*.

I. You may cancel *Your Membership* by notifying *Us* by phone, mail, fax, or email.

J. If *You* cancel *Your Membership* for any reason within the first 30 days of when *You* added *Your Pet* to *Your Membership* and *You* have not received payout for an invoice within that period, *We* will refund 100% of *Your* monthly cost. *We* will not refund the fee paid to provide *You* with a *Coverage Summary Report* and an ID tag, which provides access to *Our* 24/7 emergency lost-and-found *Pet* hotline.

K. Insurance fraud unfairly increases costs for all Members. If any Member provides *Us* or makes a claim that involves false, misleading, and/or dishonest information or fails to provide all of the information *We* requested, *We* may not pay the claim, *We* may cancel *Your Membership* and coverage for all of *Your* Pets, and *We* may report instances of fraud to governmental authorities.

L. You must be the personal and individual *Owner* of the insured *Pet*.

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M. In the event that *You* transfer ownership of *Your Pet* to a different *Owner, We* can arrange for continued coverage if *We* are contacted within 30 days from the date ownership transfers.

N. If *We* reaffirm the denial and *You* still disagree with *Our* decision, *You* may request an *Independent Third-Party Veterinarian (ITPV)* review. *Your* request will only be granted if *Your* concern involves an unusual/nuanced case and requires a niche medical expertise about current findings in veterinary science to determine eligibility.

I. We will deny a request for an *ITPV* review in situations when the language or timing of *Our* plan specifically excludes coverage for *Your* claim.

II. *ITPV* reviews are completed at *Our* expense to determine whether the medical reasoning for denial was justified in accordance with the terms of this plan.

III. An *ITPV* review can take 4 or more weeks to complete.

IV. The *ITPV*'s decision will be final and binding for Us.

O. If *You* pursue a review of *Your* invoice by an Independent Third-Party *Veterinarian* and *We* are still unable to agree on the outcome, *You* remain entitled to seek remedies under applicable law. In the event *You* bring legal action against *Us* in *Your* chosen jurisdiction, *You* agree to *Our* request to appear electronically.

P. Recovery from Third Parties; Subrogation; Reimbursement; Setoff: *We* will not make payments for invoices for which *You* are entitled to recovery under any other insurance, except for any additional sum that is payable over and above such other insurance to fully compensate *You* for *Your* loss and any contribution that *We* are obligated to make by law. If *We* make a payment to *You* and *You* are also entitled to receive payment from a third-party, *Our* obligation is subrogated to that right to the extent the amount *You* received from Us, together with the amount *you* received from the third party, exceeds the sum required to fully compensate *You* for *Your* loss. *You* will help *Us* recover any payments subject to subrogation and reimburse *Us* to the extent *You* recover from a third party (up to the amount of *Our* payments to *You* to the extent such payments, together with the amount *You* received from the third party, were in excess of the sum required to fully compensate *You* for *Your* loss). *We* may set off or recoup any liability owed to *You* pursuant to *Your Membership* against any amount *We* determine, in good faith, that *You* are liable for to *Us* including, without limitation, any overpayments *We* may have made to *You* due to subrogation, error, or otherwise.

Q. Severability: If any part of this plan conflicts with applicable laws, rules, and/or regulations of the state or province in which *Your Membership* is issued, this plan will be amended to conform to such applicable law, rule, or regulation while attempting to preserve the original intent of this plan where possible.

R. Entire contract: This plan, the *Declaration Page*, and any endorsement(s) contain all the plans between *You* and *Us* and supersede any prior plans or understandings between Us.

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SECTION 6

Definitions

These words that are used throughout this plan have the following special meanings:

Actual Cost of Veterinary Treatment: the fees/costs that the treating *Veterinarian* charges, regardless of whether the customer has insurance coverage.

Behavior: actions, conduct or habits that vary from the medically or socially desired functional state for the physical and mental wellbeing of *Your Pet*.

Boarding: a service offered where *Your Pet* is provided housing, food, water, and/or exercise or enrichment for a set amount of time in exchange for a fee. This could include giving *Medications* or providing treatments even in an overnight *Hospital* setting, that could be given by someone other than a veterinary professional or given as a convenience to the *Pet Owner*.

Condition: any disease, disorder, sickness, *Illness*, *Injury*, and/or syndrome characterized by a loss of normalcy and that is manifest by clinical signs or evidence or for which abnormalities of laboratory or other tests exist.

Coverage Summary Report: a document that *We* provide *You* within 30 days of adding *Your Pet* to *Your Membership* completed to the best of *Our* ability to highlight *Illnesses*, Injuries, or *Behaviors*, including signs or evidence of their potential manifestation, that started before adding *Your Pet* to *Your Membership* and/or during any applicable waiting period. These *Illnesses*, Injuries, or *Behaviors*, including their potential manifestations, indicated on *Your Coverage Summary Report* will be ineligible for coverage.

Declaration Page: the page included with *Your Membership* plan that outlines information about *Your Pet*, coverage, and monthly cost.

Dental Illness: any signs or evidence of resorptive lesion(s), periodontal disease, periodontitis, gingivitis, tartar, or stomatitis.

Dental Prophylaxis: scaling, cleaning, and polishing of the teeth as well as associated fees (including, but not limited to: anesthesia, pre-anesthetic blood work, and fluids).

Direct Supervision: a licensed *Veterinarian* is readily available on the premises where *Your Pet* receives *Veterinary Treatment* and has assumed responsibility for the care given to *Your Pet* by a person working under their authority and direction.

Examination and other derivations: an Examination performed by or under the *Direct* or indirect *Supervision* of a *Veterinarian*, including physicals, physical consultations, inpatient Examinations, in-*Hospital* Examinations, health certificates, consultations (including behavioral or nutritional consultations), office visits, office calls, office fees, and or referral, recheck, or telemedicine consultations.

Experimental: any *Veterinary Treatment*, diagnostic, *Medication*, *Supplement*, herb, or other therapy not generally accepted by the veterinary medical community as effective and proven specifically for dogs and/or cats for *Your Pet*'s covered *Condition*. This includes those:

i. Not widely recognized in veterinary-specific peer-reviewed journals as conforming to accepted veterinary medical practices;

ii. Currently in clinical trials or in need of further study; and/or

iii. Rarely used, novel, unknown, or lacking authoritative evidence of safety and efficacy.

Hospital: all veterinary facility types and/or means by which *Your Pet* receives veterinary care. The term includes, but is not limited to: veterinary teaching *Hospitals*, veterinary *Hospitals*, veterinary clinics, mobile and/or house call veterinary practices, emergency veterinary *Hospitals*, referral veterinary *Hospitals*, veterinary care centers, and veterinary specialty centers.

Illness: any sickness, disease, or any change to *Your Pet*'s normal healthy state, including *Dental Illness*, not caused primarily by an *Injury*.

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Injury: physical harm or damage to *Your Pet*, including dental *Injury*, caused by an event and not more directly related to an underlying disease process.

Independent Third-Party Veterinarians (ITPV): a Trupanion-selected, board-certified, niche specialist who typically works in academia and not otherwise employed by Trupanion. The role of the *ITPV* is to use their medical expertise to review complex medical conditions using the most up-to-date scientific rationale to review denied claims to determine whether the medical reason for denial was justified, in accordance with the terms of this plan, due to signs or evidence for a particular *Illness* or *Injury* present prior to enrollment.

Medication: any proven and accepted forms of medicine which is prescribed and/or recommended by *Your Veterinarian*, as evidence in *Your Pet's* medical records.

Member: the individual listed as the primary or secondary *Owner* on the *Declaration Page*.

Membership: the status of receiving coverage for eligible Injuries and *Illnesses* in exchange for the timely receipt of *Your* monthly payments.

Owner: the individual(s) legally responsible for *Your Pet's* care.

Payout Percentage: the percentage of the cost of covered *Veterinary Treatment We* pay. This amount is shown on *Your Declaration Page* as the Company share.

Pet: a domestic cat or dog owned for companionship or as a service dog and not owned for commercial reasons.

Prescription Food: a therapeutic diet formulated, tested, and manufactured with guaranteed analysis and safety standards to aid as part of the *Veterinary Treatment* of specific medical *Conditions*. A *Veterinarian* must prescribe and document the diet in *Your Pet's* medical records. *Prescription Foods* do not include general, puppy or kitten, homemade, or raw food diets, even if prescribed and dispensed by a *Veterinarian*.

Supplement: a product (including, but not limited to vitamins, herbs or nutraceuticals) given or applied to *Your Pet* which is recommended or prescribed by *Your Pet's Veterinarian* to treat a medical *Condition* (as noted in *Your Pet's* medical records). Any *Supplement*, including proprietary blends, must be manufactured and labeled with guaranteed ingredient analysis.

Vaccination and derivations thereof: the administration of a legally-approved commercial Vaccine by a *Veterinarian* in accordance with the manufacturer's recommendations to prevent disease.

Veterinarian: a *Veterinarian* licensed to practice and in good standing in the area where *Your Pet* is treated or Examined.

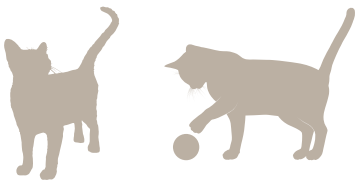
Veterinary Treatment: proven and accepted forms of care as documented in *Your Pet's* medical records including, but not limited to: diagnostic tests, surgeries, procedures, *Medications*, *Supplements*, *Prescription Foods* (subject to Section 1.D.i.), orthotic devices, prosthetic devices, carts, and nursing care.

We, Us, Our, and other derivations: Trupanion, American *Pet* Insurance Company, and/or Omega General Insurance Company as applicable. Trupanion handles many of the administrative processes for this insurance on behalf of the applicable underwriter. These terms should be interpreted in that context.

You, Your, and other derivations: the insured/spouse/partner (*Pet Owner*) named on the *Declaration Page*.

Your Pet: the dog or cat named on the *Declaration Page*.

Your Share: the portion of the veterinary invoice *You* are responsible for paying.



Sample

SECTION 7

Contact us

D. Any written notice to *Us* may be delivered to:

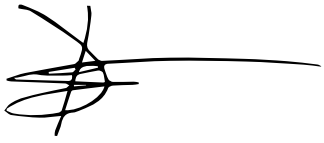
United States Members:
Trupanion
American Pet Insurance Company
6100 - 4th Ave S.
Seattle, WA 98108-3234

Canadian Members:
Trupanion
Omega General Insurance Company
201-185 Forester Street
North Vancouver, BC V7H 0A5

Email: Notice@Trupanion.com
Phone: 888.733.2685
Fax: 866.405.4536

Sample

We are here to help *You* budget for veterinary care costs when *Your Pet* gets sick or hurt and therefore agree to provide *Your Pet* the financial protection afforded by this coverage:



DARRYL RAWLINGS | FOUNDER & CEO



Sample

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Sample

trupanion™

Medical insurance for the life of your pet.

TRUPANION.COM

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Medical Insurance for the Life of Your Pet – TRU (C) 00001 (V01.201907)