

- i. **You** must cooperate with **Us** in the investigation or settlement of any claim.
- j. Any claim for an **Injury** where a final diagnosis has not been made will be pended as ineligible until **We** receive written documentation from **Your Veterinarian** with the definitive diagnosis.

Send Correspondence to:

PetPartners, Inc.
PO Box 37940
Raleigh, NC 27627-7940

The Company has caused this **Policy** to be executed, attested, and countersigned by an authorized representative of the Company.



Jon Dubauskas
President



Sammi-Jo Nevin
Secretary

SAMPLE

INDEPENDENCE AMERICAN INSURANCE COMPANY

485 Madison Avenue, New York, NY 10022

AMENDATORY ENDORSEMENT

Notwithstanding anything in **Your Policy** to the contrary, it is hereby understood and agreed that **Your Policy** to which this Amendatory Endorsement is attached is amended as follows:

Section 2. **Definitions**, the following definitions have been revised to read as follows:

- bb. **Treatment** means any test, x-ray, medication, surgery, hospitalization, nursing and care provided or prescribed by a **Veterinarian** to treat a covered **Injury**. **Treatment** must be performed by or under the direction of a **Veterinarian** to be considered for eligibility.
- dd. **Waiting Period** means a period of time specified in the **Policy** that must pass before some or all of the coverage begins. The **Waiting Period** applies to the **Pet Original Start Date** and any coverage increases but does not apply to **Your** annual renewal, provided **You** maintain continuous coverage with **Us**. The **Waiting Period** begins as of the effective date of the **Coverage Period**. An **Injury** which occurred, reoccurred, existed, or showed **Symptoms** whether or not diagnosed by a **Veterinarian**, during an applicable **Waiting Period** is a **Pre-Existing Condition** and is subject to the **Waiting Period** that applies to a **Pre-Existing Condition**.

Section 5. **Exclusions**, the following exclusions have been revised to read as follows:

- t. Charges for house calls by a **Veterinarian** unless **You** have purchased Optional ExamPlus coverage. Separate charges for travel time, boarding costs and/or transportation costs are not covered under the **Policy** or the Optional ExamPlus coverage.
- z. Luxating Patella regardless of cause and cruciate ligament conditions, this includes any associated meniscal injuries or any other condition secondary to cruciate ligament **Injury**, tear or rupture.

Section 6. **Optional Coverages**, the following provisions have been revised as follows:

Defender DefenderPlus

We will reimburse **You**, if shown on the **Declarations Page**, for the **Preventive Care** listed below that **Your Pet(s)** receives from a licensed **Veterinarian** during the **Policy** period. Benefits will not exceed the Maximum Allowable Limits shown below. **Coinsurance** and **Deductible** requirements do not apply to Preventive Benefits.

Our total liability of each **Pet** for each **Policy** Year is shown in the Maximum Allowable Limits.

Benefit Schedule

Preventive Benefit	Maximum Allowable Limits	
	Defender	DefenderPlus
Spay/Neuter or Teeth Cleaning*	\$0	\$150
Rabies Vaccine	\$15	\$15
Flea/Tick/Heartworm Prevention	\$80	\$95
Vaccination/Titer	\$30	\$40
Wellness Exam	\$50	\$50
Heartworm test or FELV (Feline Leukemia Virus) screen	\$25	\$30
Blood, fecal, parasite exam	\$50	\$70

Microchip	\$20	\$40
Urinalysis or ERD Test (Early Renal Disease Test)	\$15	\$25
Deworming	\$20	\$20
Elective/Preventive Gastropexy	\$0	\$200

*Benefits may be combined or separate up to the maximum allowable limit

ExamPlus

We will reimburse **You**, if shown on the **Declarations Page**, for the **Covered Expenses** that occur during the **Coverage Period** subject to **Policy** limits and exclusion including, but not limited to, **Coinsurance, Deductible** and **Annual Limit** for physical examination; including costs and/or fees for telephone consultation and house calls by a **Veterinarian**; to diagnose a current covered **Injury**. This provision does not provide coverage for annual wellness office exams or the **Veterinarian's** travel cost and/or service fee for a house call.

This Amendatory Endorsement is made part of the **Policy** to which it is attached as of **Your Policy** Effective Date. This Amendatory Endorsement terminates concurrently with the date **Your** coverage under the **Policy** ends.

This Amendatory Endorsement is subject to all provisions of the **Policy**, which are not in conflict with the provisions of this Amendatory Endorsement. Nothing in this Amendatory Endorsement will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the **Policy** other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



President

SAMPLE